

Application for Employment

For consideration, answer completely and accurately. Do not reference resume. If you require accommodation due to a disability in order to complete the application process, please let us know.

Date		Name (Print)		Soc. Sec.#		Tel		
Present Address								
Have you ever applied for work at McCann Plastics before? If so, when?								
Name any relatives/acquaintances employed by McCann Plastics								
How did you learn about this job?		Newspaper <input type="checkbox"/>		Agency <input type="checkbox"/>		Friend/Relative (specify) <input type="checkbox"/>		Other (specify) <input type="checkbox"/>
Are you legally authorized to work in the U.S.?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you under 18?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you been convicted of a felony?		Yes <input type="checkbox"/> No <input type="checkbox"/> <i>conviction is not necessarily a disqualification for employment</i>						

EDUCATION & TRAINING

Schools	Name	Location	No. Years Attended	Graduated? Yes/No	Major Subject	Avg. Grade
Grade School						
High School						
College						
Graduate						
Other						

Special Awards of Professional Organizations:

MILITARY SERVICE:

Have you served in the U.S. Armed Forces?		Yes <input type="checkbox"/> No <input type="checkbox"/> Honorable Discharge? <input type="checkbox"/>		Date From/To	
Branch		Final Rank		Special Training	

TYPE OF WORK DESIRED

Position you are applying for			Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Salary desired \$	per	Shifts available	Days <input type="checkbox"/>	Afternoons <input type="checkbox"/>	Midnights <input type="checkbox"/>

List any courses, training or certifications you have completed and any professional/trade groups or organizations to which you belong that you consider relevant for the job you are applying for:

Factory machines and equipment you have been trained to operate:

PREVIOUS EMPLOYMENT

Name of employer			Telephone
Address - Street	City	State/Zip	Immediate Supervisor
Employment Dates (month & year) From: To:	Position	Salary Start	Salary End
Reasons for Leaving/Desiring Change	Description of Duties		
Name of employer			Telephone
Address - Street	City	State/Zip	Immediate Supervisor
Employment Dates (month & year) From: To:	Position	Salary Start	Salary End
Reasons for Leaving/Desiring Change	Description of Duties		
Name of employer			Telephone
Address - Street	City	State/Zip	Immediate Supervisor
Employment Dates (month & year) From: To:	Position	Salary Start	Salary End
Reasons for Leaving/Desiring Change	Description of Duties		

REFERENCES: Give the names of three people, not related to you, that you have known for at least one year.

Name	Business	Tel Number	Years Known
1.			
2.			
3.			

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

Regardless of whether I become employed by McCann Plastics, I recognize that this application is not and should not be considered as a contract of employment. I understand that employment at McCann Plastics is on an at-will basis, and that my employment may be terminated with or without cause and without notice, at any time, at my option or McCann Plastics. I further understand that no McCann Plastics employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of McCann Plastics and then only by means of a signed written document.

I authorize McCann Plastics to contact any or all of my former employers or any of the references I have supplied for the purpose of verifying any information I have provided, and/or for the purpose of obtaining any information, whether favorable or unfavorable about me or my employment with any former employer, except as noted below: (if none, write 'NONE').

I understand that misrepresentations of any material fact by me in this application can result in denial of employment or, upon subsequent discovery, immediate termination of employment.

I recognize that any offer of employment is conditioned upon satisfactory results of a post offer Pulmonary Function Test (PFT) and drug screening.

I understand that any offer of employment is also contingent upon my ability to provide the documentation required by the Immigration Reform and Control Act of 1986 to substantiate that I am legally authorized to work in the United States.

Signature: _____ Date: _____

McCann Plastics does not discriminate against any employee or applicant for employment because of race, religion, creed or color.



**NOTICE TO APPLICANTS &
EMPLOYEES**

Screening tests for drug use will be required before hiring and during your employment here