McCarter

Application for Employment

Employment at McCarter is offered "at will" and is contingent on proof of employment eligibility under immigration regulations A physical exam, which includes a urine test to detect drug use, is required upon applicant's written consent.

Personal

Date: _____

Last Name: _____ First: _____ Middle: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone (if no home): _____ SS #: ___ ___ - ___ ___ - ___ ___ ___ ___

Have you ever applied for employment with us? ☐ Yes ☐ No If yes: Month and Year: _____

Have you ever been employed here before? ☐ Yes ☐ No If Yes: Month and Year: _____

Job Title: _____

Are you available for full-time work? ☐ Yes ☐ No If no, what hours can you work? _____

Will you work overtime? ☐ Yes ☐ No Out of town? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? _____ Yes _____ No

When can you start to work? _____

Position Desired: _____ Pay Expected: _____

How did you learn of our organization? _____

Education

School	Name and Address	Course of Study:	No. Years Completed	Degree or Diploma	Did you Grad.?
College					
High					
Elementary					
Other					

Other special training or skills: _____

_____

Do you have any type electrical license or journeymans card? ☐ Yes ☐ No

If yes, please list: _____

_____

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or Veteran status.

Employment

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1
Company Name: _____
Telephone: _____ Address: _____
Employed (Month and Year) From: _____ To: _____
Name of Supervisor: _____
Weekly Pay Start: _____ Last: _____
Job Title and Job Description: _____
Reason for Leaving: _____

2
Company Name: _____
Telephone: _____ Address: _____
Employed (Month and Year) From: _____ To: _____
Name of Supervisor: _____
Weekly Pay Start: _____ Last: _____
Job Title and Job Description: _____
Reason for Leaving: _____

3
Company Name: _____
Telephone: _____ Address: _____
Employed (Month and Year) From: _____ To: _____
Name of Supervisor: _____
Weekly Pay Start: _____ Last: _____
Job Title and Job Description: _____
Reason for Leaving: _____

4
Company Name: _____
Telephone: _____ Address: _____
Employed (Month and Year) From: _____ To: _____
Name of Supervisor: _____
Weekly Pay Start: _____ Last: _____
Job Title and Job Description: _____
Reason for Leaving: _____

5
Company Name: _____
Telephone: _____ Address: _____
Employed (Month and Year) From: _____ To: _____
Name of Supervisor: _____
Weekly Pay Start: _____ Last: _____
Job Title and Job Description: _____
Reason for Leaving: _____

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact Employer Number(s): _____

Reason: _____

Experience

Please list experience in any field below. Show number of months or years.

Electrical: _____ Rigging: _____

Controls: _____ Piping: _____

Instrumentation: _____ Welding: _____

General Laborer: _____ Warehouse: _____

Miscellaneous

Are you at least 18 years of age? ☐ Yes ☐ No If no, employment is subject to verification of minimum legal age

Are you a U.S. Citizen? ☐ Yes ☐ No If no, do you possess an Alien Registration Card? ☐ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

If yes, describe in full. _____

Do you have a valid drivers license? ☐ Yes ☐ No What State? _____ License No. _____

Any traffic violations in past 7 years? ☐ Yes ☐ No If so, please list: _____

Date of Birth _____ If hired, Employment is subject to a Department of Motor Vehicles Report

Do you have any hand tools? _____

Military

Branch of Service: Army Period of Active Duty (Month & Year) From: _____ To: _____

Rank at Discharge: _____ Date of Discharge: _____

Describe duties or special training: _____

_____

Agreement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand also that I am required to abide by all rules and regulations of the company.

I understand that the acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature of applicant: _____ Date: _____

For Employer's Use Only

Reference Check

Employer	Person Contacted	Results
1		
2		
3		
4		
5		

Interviewer Name and Comments

_____

_____

_____

_____

_____

_____

Employed ☐ Yes ☐ No Date of Employment _____

Job Title: _____ Hourly Rate: _____

Notes: _____

_____

_____

_____

Date: _____ Superintendent: _____

McCarter

Name:_____

Date:_____

In an effort to determine your skill set please answer the questions below:

Yes	No	Can you?
		Weld
		Are you a certified welder
		Can you be certified as a welder
		Burn
		Read blue prints
		Use precision instruments
		Use transits, levels, dial indicators
		Operate fork lifts
		Drive trucks
		Drive tractor trailers
		Do you have your CDL
		Move machinery
		Know hand signals
		Finish concrete
		Lay brick or block
		Do finish carpentry
		Do rough carpentry
		Do piping or plumbing
		Do electrical
		Painting
		Do mechanical work
		Be a foreman
		Willing to travel

If you would like to add any additional information, please do so in the back of this form.