



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER

DATE _____ PHONE # _____

NAME _____
Last First M.I.

ADDRESS _____
NO. STREET CITY STATE ZIP

HOME ADDRESS _____
NO. STREET CITY STATE ZIP

ARE YOU AT LEAST 18 YERS OLD? _____ SOCIAL SECURITY NUMBER _____

POSITION APPLIED FOR _____ RATE OF PAY EXPECTED _____

WOULD YOU WORK: FULL TIME _____ PART TIME _____

SPECIFY DAYS AND HOURS AVAILABLE TO WORK: _____

WERE YOU PREVIOUSLY EMPLOYED BY McLANAHAN'S ? _____

IF YES, WHEN AND WHERE _____

LIST ANY FRIENDS OR RELATIVES WORKING FOR US _____
NAME RELATED

E-MAIL ADDRESS: _____

SUMMARIZE SPECIAL SKILLS & QUALIFICATIONS ACQUIRED FROM OTHER JOBS AND EXPERIENCE _____

EDUCATION

SCHOOL	NAME & LOCATION	MAJOR	HIGHEST GRADE COMPLETED
SECONDARY			
COLLEGE			
OTHER			

BEGINNING WITH YOU MOST RECENT POSTION, LIST ALL PRESENT AND PAST EMPLOYMENT

1. COMPANY NAME:		EMPLOYED: FROM: TO:	NAME OF SUPERVISOR:
ADDRESS:		RATE OF PAY: START: LAST:	JOB TITLE:
PHONE:	TYPE OF BUSINESS:	REASON FOR LEAVING:	DESCRIBE MAJOR FUNCTIONS OF YOUR JOB
2. COMPANY NAME:		EMPLOYED: FROM: TO:	NAME OF SUPERVISOR:
ADDRESS:		RATE OF PAY: START: LAST:	JOB TITLE:
PHONE:	TYPE OF BUSINESS:	REASON FOR LEAVING:	DESCRIBE MAJOR FUNCTIONS OF YOUR JOB
3. COMPANY NAME:		EMPLOYED: FROM: TO:	NAME OF SUPERVISOR:
ADDRESS:		RATE OF PAY: START: LAST:	JOB TITLE:
PHONE:	TYPE OF BUSINESS:	REASON FOR LEAVING:	DESCRIBE MAJOR FUNCTIONS OF YOUR JOB
4. COMPANY NAME:		EMPLOYED: FROM: TO:	NAME OF SUPERVISOR:
ADDRESS:		RATE OF PAY: START: LAST:	JOB TITLE:
PHONE:	TYPE OF BUSINESS:	REASON FOR LEAVING:	DESCRIBE MAJOR FUNCTIONS OF YOUR JOB

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____

IF NOT, INDICATE BY NUMBER WHICH ONES(S) YOU DO NOT WISH US TO CONTACT: _____

THE FACTS SET FORTH ABOVE IN MY APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT, IF EMPLOYEED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

THIS APPLICATION OF EMPLOYMENT IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT

SIGNATURE OF APPLICANT _____

DATE _____

INTERVIEWER _____

DATE _____