

## Application for Employment

### Thank You

We appreciate your interest in McCloud Services. This application form helps us evaluate your qualifications for employment. Please respond accurately and completely to each question. All prospective employees receive consideration without discrimination because of race, creed, color, sex, age, disability, religion, marital status, national origin, citizenship status, veteran status, or any other legally protected status. You are not required to furnish information prohibited by federal, state, or local law.

### About You

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Phone \_\_\_\_\_  
Position(s) Applying For \_\_\_\_\_ Earnings Expected \$ \_\_\_\_\_

### Job Duty Information

Have you reviewed the Pre-Interview Guide or Job Description for the position you seek?

Yes  No

Do you understand the job's performance and physical requirements?

Yes  No

What days would you be available to work? (check all that apply):

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

What time would you be able to start work each day?

5 AM  6 AM  7 AM  8 AM

What time would you need to finish work each day?

4 PM  5 PM  6 PM  7 PM

Are there any days or times when you are regularly not available to work?  No  Yes

If yes, please describe: \_\_\_\_\_

What type of employment are you looking for?

Full-time  Part-time  Temporary  Seasonal

Are you US citizen?

Yes  No

If no, can you demonstrate legal authorization to work in US?

Yes  No

If under 18 years of age, do you have a work permit?  
 Yes  No

Have you ever been employed here?  
 No  Yes; If yes, when? \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

If necessary, are you willing to relocate?  
 Yes  No  Possibly

If necessary, are you willing to travel overnight?  
 No  Yes; If yes, how often? \_\_\_\_\_

If part of job's requirements, do you have valid driver's license?  
 Yes  No

State of Issue \_\_\_\_\_ License Type \_\_\_\_\_

Have you been convicted of any moving violations within the past five years?  Yes  No  
If yes, list each violation and date of occurrence:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or have you ever received a sentence for a crime(s) other than a minor traffic violation?  
(Answering "yes" is not an automatic disqualification from employment.)  Yes  No

If so, for each, list type of conviction/sentence, date of the offense, court and place where the offense occurred.

\_\_\_\_\_  
\_\_\_\_\_

Have you used names or social security numbers other than those on this application?  
 Yes  No  
If yes, please list: \_\_\_\_\_

Can you perform the essential job functions with or without reasonable accommodation?  
 Yes  No

**Work Experience** (List most recent job first. You must include any gaps in employment, with a full explanation and dates for the gap. You must also provide a complete work history for a minimum of 15 years, if applicable.)

**Company Name** \_\_\_\_\_ **Kind of Business** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Supervisor Name** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Your Job Title** \_\_\_\_\_

Start Date \_\_\_\_\_ (show month/year) Starting Pay \_\_\_\_\_  
Finish Date \_\_\_\_\_ (show month/year) Final Pay \_\_\_\_\_  
Primary Duties \_\_\_\_\_

Describe your favorite part of this job \_\_\_\_\_

Describe the least enjoyable part of this job \_\_\_\_\_

Resigned \_\_\_ Terminated \_\_\_ State Reason \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Kind of Business** \_\_\_\_\_

Address \_\_\_\_\_ Supervisor Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ (show month/year) Starting Pay \_\_\_\_\_

Finish Date \_\_\_\_\_ (show month/year) Final Pay \_\_\_\_\_

Primary Duties \_\_\_\_\_

Describe your favorite part of this job \_\_\_\_\_

Describe the least enjoyable part of this job \_\_\_\_\_

Resigned \_\_\_ Terminated \_\_\_ State Reason \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Kind of Business** \_\_\_\_\_

Address \_\_\_\_\_ Supervisor Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ (show month/year) Starting Pay \_\_\_\_\_

Finish Date \_\_\_\_\_ (show month/year) Final Pay \_\_\_\_\_

Primary Duties \_\_\_\_\_

Describe your favorite part of this job \_\_\_\_\_

Describe the least enjoyable part of this job \_\_\_\_\_

Resigned \_\_\_ Terminated \_\_\_ State Reason \_\_\_\_\_

**Company Name** \_\_\_\_\_ **Kind of Business** \_\_\_\_\_

Address \_\_\_\_\_ Supervisor Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ (show month/year) Starting Pay \_\_\_\_\_

Finish Date \_\_\_\_\_ (show month/year) Final Pay \_\_\_\_\_

Primary Duties \_\_\_\_\_

Describe your favorite part of this job \_\_\_\_\_

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Address \_\_\_\_\_ Supervisor Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Your Job Title \_\_\_\_\_

Start Date \_\_\_\_\_ (show month/year) Starting Pay \_\_\_\_\_

Finish Date \_\_\_\_\_ (show month/year) Final Pay \_\_\_\_\_

Primary Duties \_\_\_\_\_

Describe your favorite part of this job \_\_\_\_\_

Describe the least enjoyable part of this job \_\_\_\_\_

Resigned \_\_\_ Terminated \_\_\_ State Reason \_\_\_\_\_

*Please write in the space below, the names of any companies you do not want us to contact.*

### Education

Highest education completed (check only one)

Elementary School  High School  Technical College  University  Graduate School

### High School

Name \_\_\_\_\_ Location \_\_\_\_\_

Offices, Honors \_\_\_\_\_

Extracurriculars \_\_\_\_\_

### Technical College/University (undergraduate school)

Name \_\_\_\_\_ Location \_\_\_\_\_

Offices, Honors \_\_\_\_\_

Extracurriculars \_\_\_\_\_

### University (graduate school)

Name \_\_\_\_\_ Location \_\_\_\_\_

Offices, Honors \_\_\_\_\_

Extracurriculars \_\_\_\_\_

### Military Experience (if applicable)

Branch of Service \_\_\_\_\_

Nature of Duties \_\_\_\_\_

Highest Rank \_\_\_\_\_ Terminal Rank or Grade \_\_\_\_\_

### Other

Please list skills, licenses, experiences, or certificates you believe would help you perform at a high level.

What are your shortcomings and areas for improvement?

Are you a member of any professional or job-relevant organizations?

*Please exclude organizations, the name of which would indicate the racial, religious, ethnic and/or sexual orientation of its members.*

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With respect to your career, what are your plans for the future?

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**Personal References**

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

**Professional References**

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_  
Name \_\_\_\_\_ Occupation \_\_\_\_\_ Phone \_\_\_\_\_ Years Known \_\_\_\_\_

**Certification and Release**

I certify that the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application, rescinding the offer, or discharge any time during my employment. I authorize the company and/or its agents, including "consumer reporting bureaus," to verify any of this information including, but not limited to, criminal history, offense, violation history, and motor vehicle driving records.

**Candidate Signature** \_\_\_\_\_ **Date** \_\_\_\_\_