



Date: _____
 In: _____
 Apt: _____

APPLICATION FOR EMPLOYMENT

McGuire Bearing Company is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, gender, national origin, ancestry, sexual orientation, marital status or disability. Please keep in mind that the questions contained in this application are not intended to be discriminatory based on any non-job information.

P E R S O N A L	Last Name	First	Middle	
	Street Address			Home Phone
	City, State, Zip			Cell Phone
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month and Year:			Email address
	Position Desired			Pay Expected
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	When will you be available to begin work?			
	Other special training or skills (languages, machine operation, etc.)			
	How did you learn of our organization?			

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	HIGH				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No	

What are the most important things that make a company a good place to work?	What are some of the things you did not like about jobs you have had?

EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with your present or most-recent employer. Even though a resumé may accompany your application, this section must be completed.

1	Company Name	Telephone ()
	Address	Employed (State month and year) From: To:
	State Job Title and Describe Your Work	Name of Supervisor
		Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (State month and year) From: To:
	State Job Title and Describe Your Work	Name of Supervisor
		Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (State month and year) From: To:
	State Job Title and Describe Your Work	Name of Supervisor
		Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (State month and year) From: To:
	State Job Title and Describe Your Work	Name of Supervisor
		Reason for Leaving

To whom it may concern:
 Permission is granted to my past employers to release information regarding my employment with them to McGuire Bearing Company.

Signature _____ Date _____

We may contact the employers listed on page 2 unless you indicate those you do not want us to contact.	<u>DO NOT CONTACT</u>
	Employer # _____ Reason _____

State names of relatives and friends working for us.

M I L I T A R Y	COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
	Describe your duties and any special training	Period of Active Duty (Month and Year) From: _____ To: _____
		Rank at Discharge
		Date of Final Discharge

S I G N A T U R E	<p>I agree and understand that employment at McGuire Bearing Company is on an at-will basis, and that either I or McGuire Bearing Company may terminate employment with or without notice or cause. This statement is a full and complete statement concerning this issue, and all other statements are replaced and superseded. I hereby declare the information provided by me in this Application for Employment is true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application shall be a basis to refuse my application for employment or to terminate my employment if hired.</p> <p>I authorize investigation of all information provided during the application process, and any references and former employers, to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release from all liability or responsibility this Company, its agents, and all persons, companies or corporations providing information to the Company about me.</p> <p>I authorize the Company to conduct a criminal background check as part of its reference process, as determined appropriate by the Company and to the extent permitted by applicable law, and release from liability any persons or companies supplying the information.</p>
	Signature _____ Date _____