

MCAR, INC.

Please read and sign the following before completing our application form:

- 1) There is no guarantee of a job or a job interview in completing an application form. Your application form will be considered with others who have submitted application forms and decisions about interviews will be based on this comparison.
- 2) Our application form must be completely filled out in order for it to be considered for employment. It must be readable, accurate and complete.
- 3) If the information you have provided on our application form cannot be satisfactorily verified by reference/background checks, your application could be considered incomplete.
- 4) Applications are filed according to job title. Be specific as possible in stating the job you are applying for: ANY position is not an acceptable response on our application form.
- 5) Due to the large number of applications we receive and the competitive nature of our employment process specific reasons for employment decisions will not be released.
- 6) In completing our application form you may be subject to the following checks:
 - Employment Reference Check from former employers
 - Criminal Record Check
 - Drug/Alcohol screen and Physical

I have read, understand and accept the above statements.

Print Name

Signature

MCAR, Inc. 850 N. Hermitage Rd., Hermitage, PA 16148

EMPLOYMENT APPLICATION

(This application is considered active for 180 days (6 months))
 TYPE OR PRINT IN INK (if additional space is required, use 8 1/2 X 11 sheet)

DATE: _____

POSITION(S) APPLIED FOR:

Have you ever been previously employed at MCAR? Yes _____ No _____ When? _____

Name (Last, First, Middle Initial)	
Street Address	Social Security Number
City State Zip	Home Phone Number
Can you work: <input type="checkbox"/> Anytime <input type="checkbox"/> Days <input type="checkbox"/> Afternoon/Evenings <input type="checkbox"/> Weekends Are there any times or days you cannot work? _____	Alternate Phone Number (if applicable) _____ Date Available for Employment
If Hired, can you supply proof that you are legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State? _____ Note: This will only be considered if an essential job requirement.	Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state your age _____
Have you had any motor vehicle violations within the last three years? Yes _____ No _____ If yes, please describe _____	
List any professional organizations to which you belong (do not list any organization that would reveal your race, color, religious creed or national origin).	
List any training and/or experience you have that you believe particularly applicable to the position(s) for which you are applying:	
Have you been convicted of, or pled guilty to, a crime other than a misdemeanor or summary offense? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: A "Yes" response will not automatically disqualify you from employment. The nature of the offense and how long are important. Give all the facts so a decision can be made: _____ _____	

EDUCATION:

Type of School	Name of School	Location of School	Area of Study	Last Year Completed	Did you earn a Degree or Diploma? Describe:
High School				9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No
College				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify)				1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No

AN EQUAL OPPORTUNITY EMPLOYER

MCAR, Inc. does not discriminate in making employment decisions based upon race, color, gender, religious creed, national origin, ancestry, age, marital status, or disability.

MILITARY SERVICE:

Service in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, From: To:	Branch of Service:	MOS/Duties
Highest Rank	Reserve Status: Reserve: <input type="checkbox"/> None	<input type="checkbox"/> National Guard	<input type="checkbox"/> Active

EMPLOYMENT RECORD: (List current or most recent employer first and work backwards.)

Name and Address of Employer:			
Position Title:		Name and Title of Immediate Supervisor:	
Dates of Employment: From: To:		Hours Worked Each Week:	
Number of Employees You Supervised:	Reason For Leaving:	May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Employer:			
Position Title:		Name and Title of Immediate Supervisor:	
Dates of Employment: From: To:		Hours Worked Each Week:	
Number of Employees You Supervised:	Reason For Leaving:	May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Employer:			
Position Title:		Name and Title of Immediate Supervisor:	
Dates of Employment: From: To:		Hours Worked Each Week:	
Number of Employees You Supervised:	Reason For Leaving:	May We Contact This Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby authorize MCAR, Inc. to contact past employers, educational institutions, personal references, and/or law enforcement agencies in order to verify the information provided on this application for employment. I further authorize all past employers, educational institutions, personal references, and/or law enforcement agencies to release any and all information concerning my past employment work history, performance and personal character. I hereby release and agree to hold harmless all such past employers, educational institutions, personal references, law enforcement agencies, and MCAR from any and all liability resulting from damages I may incur in the reference verification process.

I agree that, if given employment by MCAR, Inc., my services may be terminated at any time and liability will be only for wages earned up to the date of termination of services, or as provided by an existing union contract, if applicable. This agreement cannot be modified by any representative of MCAR, Inc., either in writing or verbally. I understand it is unlawful for MCAR to employ anyone who is not either a citizen of the U.S. or an authorized resident alien. I certify that the U.S. citizenship information I provide MCAR is authentic. Further, I certify that all information I have provided on this application is accurate. False information or omission of facts on this application will result in the termination of my employment with MCAR.

Date

Applicant's Signature (may be photographically reproduced)

Applicant Data Record

Applicants are considered for all positions, and associates are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medication condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the *Applicant Data Record*. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For: _____

Referral Source: Advertisement Employee: _____ Self
 Employment Agency School or College Other

Name _____ Phone (____) _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about handicap is involuntary.

Check one: Male Female AGE: _____

Check one of the following race/ethnic groups: Two or More Races Black or African American

White Hispanic or Latino American Indian/Alaskan Native Asian

Native Hawaiian or Other Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran -More than 180 days Active Duty, any part of which occurred between August 15, 1964 and May, 1975

Disabled Veteran -Entitled to V.A. Compensation for disability rated at 30% of more; or Discharged because of a disability incurred or aggravated in line of duty

Handicapped Individual-Physical or Mental Impairment which substantially limits one or more of a person's major life activities