

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	

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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	

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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)