



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION – failure to complete required information could disqualify you from further consideration for employment

Name:				
Address:				
City:		State:		Zip:
Email Address:				
Home Phone #:		Mobile Phone #:		
Are you eligible to work in the U.S.?	Yes	No	<i>Proof of eligibility will be required as a prerequisite to employment</i>	
Are you at least 18 years or older?	Yes	No	<i>If no, you may be required to provide proper authorization</i>	
Can you work any shift?	Yes	No	<i>If no, what shifts are you available to work?</i>	
Can you work overtime, including weekends?	Yes	No		

EMPLOYMENT DESIRED

Position Desired:			Available Start Date:		
Desired Pay Range:	\$	Or Annual Salary:	\$		
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?			Yes	No	
Are you currently employed?	Yes	No	<i>If so, may we contact your current employer?</i>		
Please describe any special skills, experience, and/or training that would increase your ability to perform the position applied for:					
Additional Computer Skills:					
How did you hear about our opportunity for employment?					
Have you ever worked for this company before?	Yes	No	<i>If yes, when?</i>		
Do you know anyone who works for our company?	Yes	No	<i>If yes, who?</i>		

EDUCATION

EDUCATION	Name & Location of School	# of Years Attended	Degree Received	Subjects/Major
High School				
College				
Trade, Business, or Correspondence School				
Other				

EMPLOYMENT HISTORY – include your last 7 years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from consideration.

Employer:		Start Date:		End Date:	
Address:			Phone:		
Job Title:			Hourly Rate/Salary:		
Immediate Supervisor Name & Title:				May we contact?	Y/N
Summarize the nature of work performed and job responsibilities:					
Reason for leaving:					

Employer:		Start Date:		End Date:	
Address:			Phone:		
Job Title:			Hourly Rate/Salary:		
Immediate Supervisor Name & Title:				May we contact?	Y/N
Summarize the nature of work performed and job responsibilities:					
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Employer:		Start Date:		End Date:	
Address:			Phone:		
Job Title:			Hourly Rate/Salary:		
Immediate Supervisor Name & Title:				May we contact?	Y/N
Summarize the nature of work performed and job responsibilities:					
Reason for leaving:					

REFERENCES— *individuals not related to you, business references preferred*

Name:			
Address:		Phone:	
Email:		# years known	
Company:			

Name:			
Address:		Phone:	
Email:		# years known	
Company:			

Name:			
Address:		Phone:	
Email:		# years known	
Company:			

CRIMINAL HISTORY— *a past history of a criminal conviction, plea of guilty, or no consent will not necessarily exclude you from employment*

Have you ever been convicted of, or pleaded guilty or no contest to a felony or misdemeanor?	Y/N
If yes, please explain in detail:	

MILITARY HISTORY

Are you a Military Veteran?	Y/N	Branch of Service:		Dates of Service:	
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PLEASE READ CAREFULLY BEFORE SIGNING.

The MacInnis Group, LLC is an equal opportunity employer. We do not discriminate in employment on account of race, color, sex, religion, national origin/ethnicity, citizenship status, age, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any part of my consideration for employment establishes any obligation for MacInnis Group, LLC to hire me. I understand that either MacInnis Group, LLC or I can terminate my employment at any time for any reason, with or without cause and without prior notice, unless I am protected by an applicable collective bargaining agreement. No representative of MacInnis Group, LLC has the authority to make any assurance to the contrary.

With my signature below, I attest that I have given true and complete information on this application. I have not concealed any information requested of me. I authorize MacInnis Group, LLC to contact references provided for employment reference checks. I acknowledge that false or concealed material information that I provide will constitute cause for denial of employment or immediate dismissal.

Applicant Signature

Date

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE SIGNED AND DATED ABOVE.