

12100 STALLINGS COMMERCE DR MATTHEWS, NC 28105

P.O. BOX 1375 MATTHEWS, NC 28106-1375

PHONE: 800-526-5589 www.mcgeecorp.com

Employment Application

	Application	n Information		
Full Name:			Date:	
Last	First	М.	I.	
Adddress:			4 , , , , , , , , , , , , , , , , , , ,	
Street Addre	2SS		Apartment/Unit #	
City		State	Zip Code	
Phone:	Email:			
Date Available:	SSN#:	J	Desired Pay:	
Position Applied for:				
	? YES NO, If No			
Have you ever worke	ed for this company? YE	S NO, if Ye	s When?	
	Edu	ıcation		
High School:	Address	S:		
From:To	o:Did you Graduate	??Yes	No Diploma:	
College:	Address:			
From: To	: Did you Graduate	??YesN	No Degree:	
Other:	Address:			
From: To	: Did you Graduate	?YesN	No Degree:	
	Refe	erences		
Please list three Profes.				
Full Name:		Relationship:		
Company:		Phone:		

Address:				
		Relationship:		
Company:		Phone:		
Address:				
		Relationship:		
Company:		Phone:		
Address:				
		Previous Employmer	nt	
Company:		Phone:		
Address:		Supervisor:		
Job Title:		Starting Salary:	Ending Salary:	
Responsibilities	s:			
		supervisor for a reference?	YesNo	
		Phone:		
Address:		Supervisor:		
Job Title:		Starting Salary:	Ending Salary:	
Responsibilities	s:			
From:	To:	Reason for Leaving:		
May we contac	t your previous	supervisor for a reference?	YesNo	
Company:		Phone:		
Address:		Supervisor:		
Job Title:		Starting Salary:	Ending Salary:	
Responsibilities	s:			

From:	To:	Reason for Leaving:			
May we contact your previous supervisor for a reference?YesNo					
Military Service					
Branch:		From: To:			
Rank at Disch	arge:	Type of Discharge:			
If other than H	Honorable, Explain:				
		Criminal Record			
Have you ever	ry been convicted of a	crime, moving violation; or no contest, to a crime, moving			
		ime, moving violation? Yes No oing even if adjudication was withheld)			
If yes, Furnish details:					
Do you have o	yolid driver's license	eYes No, if yes what class:			
		State: Expiration date:			
wnat Endorse	ments:				
		Disclaimer and Signature			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
Signature:		Date:			

Consent to Background Check , hereby authorize McGee Corporation to conduct a Background Check as it pertains to my eligibility for employment. This information will include, but not limited to, criminal records, drug testing, credit history, employment verification, motor vehicle records. If I had questions regarding the background check, I have asked and received explanations, eliminating any confusion I may have had. I have also been advised that any future questions can be directed to Human Resources. I understand and agree that the results of my background check may affect the employment decision of McGee Corporation, and I hereby release McGee Corporation from any and all claims which may result from my background check. **Employee Printed Name** Sex Employee Social Security Number Birthdate (mm/day/year) State Zip code Street Address City Drivers License number State Employee Signature Date

Date

Signature Human Resources