



Employment Application

We appreciate your interest in employment with MAC Inc. and assure you that we are interested in your qualifications. The information requested in this application will aid us in evaluating your qualifications. Qualified applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, or presence of a medical condition or handicap.

Please complete each section EVEN IF you decide to attach a resume.

APPLICANT INFORMATION									
Last Name		First		M.I.	Date				
Street Address					Apt/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.				Desired Salary		
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
EDUCATION									
High School			Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
College			Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
Other			Address						
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree						
REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

PREVIOUS EMPLOYMENT				
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From		To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From		To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From		To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company			Phone	
Address			Supervisor	
Job Title		Starting Salary	\$	Ending Salary \$
Responsibilities				
From		To	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
MILITARY SERVICE				
Branch			From	
Rank at Discharge			To	
If other than honorable, explain			Type of Discharge	
BACKGROUND CHECK CONSENT				
Are you willing to consent to a background check? YES <input type="checkbox"/> NO <input type="checkbox"/>				
<i>You will be required to provide a copy of your Driver's License/Picture ID and complete the Criminal Background Check Form prior to formal offer of position.</i>				
DISCLAIMER AND SIGNATURE				
MAC Inc. is committed to promoting equality of opportunity and endeavoring to ensure that it meets the needs of individuals with disabilities. It proactively takes steps to provide an environment in which people feel able to disclose a disability. If you have a disability, we encourage you to disclose this and any other relevant information so we can make reasonable accommodations and provide you with the information that could support you. We recognize that disclosure may be difficult and would like to re-assure you that we will treat the information relating to your disability that you provide as sensitive personal data.				
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No				

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

AGREEMENT AND SIGNATURE

I understand that:

The information that I have provided may be verified by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning me. I hereby release and agree to hold harmless from liability any person or organization that provides information.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an employee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date