

APPLICATION FOR EMPLOYMENT

VIOBIN USA • 226 W. LIVINGSTON • MONTICELLO, IL 61856

NAME:	DATE:	
ADDRESS:	CITY:	STATE:
TELEPHONE NO.:	ALTERNATE PHONE NO.:	
SOCIAL SECURITY NUMBER:		

How were you referred to this company?

<input type="checkbox"/> Private Placement Agency	<input type="checkbox"/> Reply to Advertisement
<input type="checkbox"/> College Placement Service	<input type="checkbox"/> Personal Contact
<input type="checkbox"/> State Employment Office	<input type="checkbox"/> Walk-In

EDUCATION:

Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

Vocational 1 2 3 4 College 1 2 3 4

Service Record:

Branch of Military Service-U.S.A.: _____

Special Skills/Training: _____

Special Training: _____

Special Skills: _____

EMPLOYMENT RECORD: Please list most current position first.

DATES	NAME AND ADDRESS OF EMPLOYER	JOB TITLE OR TYPE OF WORK	SALARY	EXACT REASON FOR LEAVING
FROM:				
TO:	Supervisor:	Telephone:	May we contact them?	
FROM:				
TO:	Supervisor:	Telephone:	May we contact them?	
FROM:				
TO:	Supervisor:	Telephone:	May we contact them?	
FROM:				
TO:	Supervisor:	Telephone:	May we contact them?	

Administrative Applicants Only: ✓ one check indicates knowledge ✓✓ two checks indicates experience

__ Calculating Machine	__ Typewriter	W.P.M _____	__ AS400 Software
__ Switchboard	__ Keyboarding	W.P.M _____	__ Microsoft Excel
	__ Proofreading		__ Microsoft Word

Other: _____

Have you ever worked for this company before? _____

If you are considered for the position, on what date can you start work? _____

Disclaimers: Please read before signing.

All applicants will receive consideration without discrimination because of race, color, religion, gender, national origin, age, disability, marital or veteran status.

I Understand and Agree That:

To determine my qualifications for employment, this company may make a thorough investigation of my work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of information requested by this company. I release from liability any person giving or receiving such information. I understand that any false or misleading information furnished by me on this application form or in connection with my application for employment may result in rejection of the application, or if employed by this company, in the termination of employment. I am not required to disclose information about physical or mental limitations that I believe will not interfere with my capability to do the job. If, however, I want this company to consider special arrangements to accommodate a physical or mental impairment, I may identify that impairment and suggest the kind of accommodation that I believe would be appropriate. I also understand that this company will not refuse to hire a disabled applicant who is qualified to perform the essential requirements of the job with reasonable accommodation. I understand that my employment and compensation can be terminated, with or without cause, with or without notice, at anytime, at the option of either the company or myself. I further understand that no personnel recruiter or interviewer or other representative of the company has any authority to enter into any agreement for any specified period of time.

Applicants who have been interviewed and are considered for any full-time, part-time or temporary job of more than thirty days duration offered by McShares, Inc. must test negative on a drug test to be eligible for hiring. McShares, Inc. will not employ any applicant who refuses to submit to pre-employment testing procedures when requested. If an applicant's test is positive for any prohibited substance, McShares, Inc. will not employ the applicant at that time. I understand and agree that signing this "Application for Employment" acknowledges my understanding of this employment requirement.

PLEASE READ SUPPLIED COPY OF THE DRUG AND ALCOHOL POLICY.

I understand that, if I am employed, such employment is for an indefinite period of time and that the company can change wages, benefits and conditions at any time.

I have read and understand the above statements.

Signature: _____

Date: _____