



EMPLOYMENT APPLICATION

Read These Instructions Carefully, Please print or write clearly, providing specific and accurate answers to all questions in detail. If necessary you may use additional sheets of paper. Please keep in mind, this applications will become part of you permanent file should you be employed. Read all questions carefully.

PERSONAL DATA

Date _____ Position Desired _____
Last Name _____ First _____ Middle/Maiden _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Other Phone _____
Social Security Number _____ Are you 18 years or older _____ Yes _____ No Email Address _____
Emergency Contact Name _____ Address _____ Phone _____

EDUCATION

Circle highest year completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

<u>School Name and Location</u>	<u>Graduated</u>	
High School _____	Yes _____ No _____	Major Subjects _____
Trade School _____	Yes _____ No _____	Major Subjects _____
College _____	Yes _____ No _____	Major Subjects _____
Other _____	Yes _____ No _____	Major Subjects _____

GENERAL

Date available for employment _____ would you work evenings or Saturdays? _____
Salary Desired? _____ Have you ever been convicted of a felony? Yes _____ No _____
If yes, please explain fully _____

As part of our company policy, it is standard procedure to perform a criminal background check on someone we are considering for employment. Would you object to such a procedure? Yes _____ No _____

EMPLOYMENT HISTORY

Employer _____ Address _____ Phone _____
Job Title _____ Supervisors Name & Title _____ Salary _____
Employed from _____ to _____ Reason for Leaving _____
May we contact employer for reference check? _____ Yes _____ No _____

Employer _____ Address _____ Phone _____
Job Title _____ Supervisors Name & Title _____ Salary _____
Employed from _____ to _____ Reason for Leaving _____
May we contact employer for reference check? _____ Yes _____ No _____

Employer _____ Address _____ Phone _____

Job Title _____ Supervisors Name & Title _____ Salary _____

Employed from _____ to _____ Reason for Leaving _____

May we contact employer for reference check? _____ Yes _____ No

Have you ever been discharged or forced to resign from any position? _____ Yes _____ No

If yes, give details including name of employer _____

COMMENTS including explanation of any gaps in employment: _____



PLEASE ANSWER THE FOLLOWING QUESTIONS:

What was the best job you have ever had? Why did you like it so much? _____

What was your least favorite job? What did you NOT like about it? _____

Who was the best supervisor or manager you've had? What characteristics made that person a good manager? _____

Think of the WORST supervisor or manager you've had. What characteristics made that person a POOR manager? _____

What are your greatest strengths? _____

As your skills and abilities relate to your work experiences, what are the areas for improvement? _____

What traits or characteristics do you most admire in co-workers? _____

What traits or characteristics do you most DISLIKE in co-workers? _____

If you won five million dollars in the lottery, would you choose to work? What would you do with your time? _____

What was the funniest thing that ever happened to you at work? _____

What do you think is the most difficult part of sales / customer service work? _____

Imagine you have been on your feet and working hard all day. A customer has an emergency that will require additional time and effort, what do you do? _____

Imagine that someone's life depended on the quality of YOUR work. How would this impact the way you do your job? _____

In general, do you believe that you are a fortunate person? _____

PLEASE READ: I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified or misleading information or significant omissions may disqualify me from further consideration for employment and may be cause for dismissal if discovered at a later date. I hereby authorize former and present employers, Federal, State, and Local Police departments, and others, to give or verify any information they have regarding me, or my employment with them and I release them and their companies or agencies from any liability for damage resulting there from. I also voluntarily authorize the release of my High School, College, or Technical School transcripts and attendance records. I further understand that McKinney Corp. is a NO SMOKING Facility.

DRUG TESTING POLICY

STATEMENT OF PURPOSE: McKinney Corp is in the business of the manufacture of racecars and components. The manufacturing process requires employees to use tools and equipment, which if not used in a proper and safe manner, could cause serious harm or injury. It is well know that user impairment from drug usage adversely affect job performance, the products made, co-worker safety, and safe working environment in general. Therefore, we believe that it is imperative for our employees to be screened for the use of illegal drugs. It is our policy to **TEST FOR ILLEGAL DRUG USE** prior to employment and randomly during the course of employment. We believe our drug testing procedures ensure that a true specimen is tested and ensure the validity of the drug test. Further, we believe that our procedures benefit the prospective or current employees by assuring that the specimen is actually that of the person tested.

CONSENT: I hereby knowingly and voluntarily consent to the drug test and the drug testing procedures administered by McKinney Corp. for the stated purposes.

WAVIER OF RIGHT TO PRIVACY: I hereby knowingly and voluntarily waive any right of privacy that I might have with respect to any drug testing procedures administered by McKinney Corp. for the above stated purposes.

I HEREBY AFFIRM THAT I UNDERSTAND AND AGREE WITH ALL CONDITIONS AS OUTLINED ABOVE.

DATE _____ **SIGNATURE** _____