

Application for Employment

McCall-Thomas Engineering Company, Inc.

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. We are an equal opportunity employer and do not unlawfully discriminate in employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. This application will remain active for 180 days.

Position Applied for: _____

Date: _____

PERSONAL INFORMATION

Name (Last, First, Middle)	Primary Phone	
Address	Email	
City/State/Zip		

EMPLOYMENT INFORMATION

Wage/Salary Desired \$ _____	Date Available _____
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Have you worked with us before? If yes, when? _____ Yes No

Are you able to meet the required forty (40) hours a week work schedule for this position? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you travel (out-of-town, overnight, etc.) if required by this position? Yes No

Are you at least 18 years of age and legally eligible for work in the United States? Yes No

Have you ever been discharged or asked to resign from a job? Yes No

If yes, please explain: _____

Have you ever been convicted of or pled guilty to a felony or other crime? Yes No

(A conviction will not necessarily disqualify an applicant from employment)

If yes, please explain: _____

Do you have a valid driver's license? Yes No

IF YES: Driver's License # _____ State of Issue: _____

Have you had any accidents or moving violations in the past three years? Yes No How many?

Have you been convicted of or pled guilty to any traffic-related offense in the past three years? Yes No How many?

Have you had your driver's license suspended, revoked or driving privileges modified by court? Yes No

*I authorize the potential employer to obtain and verify the above information and release from liability the employer for seeking, gathering and using such information to make employment decisions. (By typing your name below, You **agree** that this is valid as your signature.)*

Signature _____ *Date* _____

EDUCATION

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Diploma/Degree(Major)/ Certificate
High School			
College			
Technical School			
Other			

PREVIOUS EMPLOYMENT (LIST UP TO 3 - STARTING WITH MOST PRESENT)

1.

Name of Employer:				Job Title:						
Complete Address:										
Phone #:				Name of last supervisor:						
Dates of employment:		From:		To:		Salary:	From:		To:	
Reason for Leaving (be specific):										
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:										

May we contact your employer: yes no

2.

Name of Employer:				Job Title:						
Complete Address:										
Phone #:				Name of last supervisor:						
Dates of employment:		From:		To:		Salary:	From:		To:	
Reason for Leaving (be specific):										
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:										

May we contact your employer: yes no

3.

Name of Employer:				Job Title:						
Complete Address:										
Phone #:				Name of last supervisor:						
Dates of employment:		From:		To:		Salary:	From:		To:	
Reason for Leaving (be specific):										
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:										

May we contact your employer: yes no

4.

Name of Employer:				Job Title:						
Complete Address:										
Phone #:				Name of last supervisor:						
Dates of employment:		From:		To:		Salary:	From:		To:	
Reason for Leaving (be specific):										
List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:										

May we contact your employer: yes no

SKILLS

Skills:	
Typing:	
Computer:	<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Drafting <input type="checkbox"/> GIS Mapping <input type="checkbox"/> Adobe <input type="checkbox"/> Other
Applications (list all that apply):	
Other Skills:	

REFERENCES (Please give the names of 3 persons not related to you)

Name	Address	Telephone	Occupation

APPLICANT'S CERTIFICATION AGREEMENT
 (Please read each statement carefully before signing at the bottom)

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at-will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the Americans with Disabilities Act.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I also understand that as a condition for my application being considered, I must undergo a substance screening. I also understand that if my test results are positive, I shall not be considered for a position with McCall-Thomas.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant Signature

Date

 (By typing your name above, You **agree** that this is valid as your signature.)

Please submit employment application to McCall-Thomas Engineering Co., Inc.

Mail: 845 Stonewall Jackson Blvd, Orangeburg, SC 29115-0670 Fax: (803) 534-1045 Email: Sbond@mcteng.com