

Application for Employment with McClure and Sons, Inc.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)				SOCIAL SECURITY NO.			
PRESENT ADDRESS		CITY		STATE		ZIP CODE	
PERMANENT ADDRESS		CITY		STATE		ZIP CODE	
EVENING PHONE #		DAY PHONE #				BIRTHDATE	
DRIVER'S LICENSE # & STATE		REFERRED BY					

EMPLOYMENT DESIRED

POSITION		DATE AVAILABLE		SALARY DESIRED	
ARE YOU CURRENTLY EMPLOYED?		HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?			
YES	NO	YES	NO	IF YES, GIVE DATE-	
HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?		IF YES, GIVE DATE-		MAY WE CONTACT YOUR PRESENT EMPLOYER?	
YES	NO			YES	NO
ARE YOU CURRENTLY ON "LAY OFF" STATUS AND SUBJECT TO RECALL?			CAN YOU TRAVEL IF A JOB REQUIRES IT?		
YES	NO			YES	NO
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)					
YES	NO				
WHICH ARE YOU ABLE TO WORK? CHECK ONE OR MORE:					
FULL TIME	PART TIME	SHIFT WORK	TEMPORARY		
HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENSE? (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.)					
YES	NO				
IF YES, PLEASE EXPLAIN:					

EDUCATION

TYPE	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS ATTENDED	DIPLOMA/DEGREE
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				

GENERAL

ANY SUBJECTS OF SPECIAL STUDY, TRAINING, OR SKILLS:	
US MILITARY OR NAVAL SERVICE	RANK

REFERENCES

GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

RESIDENCE HISTORY

PRESENT ADDRESS		CITY		STATE		ZIP CODE	
HOW LONG?	YRS./MOS.	OWN/RENT	MONTHLY PAYMENT	NAME OF PRESENT LANDLORD		LANDLORD'S DAY PHONE	
			\$				
PREVIOUS ADDRESS		CITY		STATE		ZIP CODE	
HOW LONG?	YRS./MOS.	OWN/RENT	MONTHLY PAYMENT	NAME OF PREVIOUS LANDLORD		LANDLORD'S DAY PHONE	
			\$				

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB AND INCLUDE YOUR LAST FOUR PLACES OF EMPLOYMENT.

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
	STARTING	FINAL	
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING			
EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
	STARTING	FINAL	
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING			
EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
	STARTING	FINAL	
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING			
EMPLOYER	DATES EMPLOYED		WORK PERFORMED
	FROM	TO	
ADDRESS			
TELEPHONE NUMBER(S)	HOURLY RATE/SALARY		
	STARTING	FINAL	
JOB TITLE	SUPERVISOR		
REASON FOR LEAVING			

OTHER ACTIVITIES

LIST PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD. (YOU MAY EXCLUDE MEMBERSHIP WHICH WOULD REVEAL GENDER, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, DISABILITY, OR OTHER PROTECTED STATUS:

CREDIT & LOAN REFERENCES

AUTO # 1 (MAKE & MODEL)	LICENSE #	STATE	MONTHLY PAYMENT	CAR PAYMENT MADE TO	
			\$		
AUTO # 2 (MAKE & MODEL)	LICENSE #	STATE	MONTHLY PAYMENT	CAR PAYMENT MADE TO	
			\$		
LOANS, CHARGE ACCOUNTS, & CREDIT		ACCOUNT #	ADDRESS	TOTAL DEBT	MONTHLY PAYMT.
				\$	\$
BANK OR SAVINGS & LOAN	BRANCH	ADDRESS		CHECKING ACCOUNT #	

"I certify that any person or entity may treat a copy of this signed authorization with the same effect as a signed original."

X

Signature

Date Signed

IMPORTANT INFORMATION

NAME OF NEAREST RELATIVE	RELATIONSHIP	DAY PHONE	EVENING PHONE
ADDRESS	CITY	STATE	ZIP CODE
EMERGENCY CONTACT	RELATIONSHIP	DAY PHONE	EVENING PHONE
ADDRESS	CITY	STATE	ZIP CODE

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and are made subject to the laws of perjury of the State of Washington. I also understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this application for employment as my potential employer may deem necessary in arriving at an employment decision.

I authorize McClure and sons to order a credit report as well as a background check as part of my application process. All employees may be video taped and/or voice recorded for security purpose, job progress and miscellaneous situations at all MSI job sites.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship undertaken with McClure and Sons Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer can discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of McClure and Sons Inc.

X

Signature of Applicant

Signed at Mill Creek, Washington

OR AT

Print Name

City

State

Date

NOT FOR APPLICANT USE

Interviewed by _____ Date _____

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY/WAGES

APPROVED: 1. _____ 2. _____ 3. _____
 EMPLOYMENT MANAGER DEPT. HEAD GENERAL MANAGER



BACKGROUND CHECK DISCLOSURE FORM

Info Cubic, LLC and its designated agents and representatives may conduct a comprehensive review of your background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. The scope of the consumer report/investigative consumer report may include information about your character, general reputation, personal characteristics, and mode of living as well as information that is not limited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing, internet searches, social media information, and drug testing. These reports may be obtained by Info Cubic, LLC at any time after receipt of your authorization. You may request more information about the nature and scope of any investigative consumer reports by contacting Info Cubic, LLC. Info Cubic, LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Signature: _____

Date: _____

(Electronic signatures are **NOT** acceptable!

This document must be physically signed by applicant)

Print Full Name



RELEASE OF LIABILITY

I hereby irrevocably and unconditionally waive and release Info Cubic, LLC (“Info Cubic” or the “Company”) and its agents, officials, representatives, or assigned agencies, including officers, directors, subsidiaries, parents, employees, and/or related personnel, both individually and collectively, from any and all claims, demands, or liabilities of any nature whatsoever, whether arising statutorily, in tort or contract, known or unknown, suspected or unsuspected, on account of any injury or damage, including, but not limited to, defamation and invasion of privacy, which I may have at any time now or in the future, arising out of or in any way related to the investigation contemplated by this authorization, or from reliance on the information furnished. I ACKNOWLEDGE and AGREE that I have read and understand this Release of Liability and that I freely and voluntarily sign this document. I further agree that Info Cubic has made no representations, inducements or statements other than those in writing in this document and in other written disclosures provided to me, about the background investigation. I further agree and certify that the information that I provide in this form is true and correct, and that my application or employment shall be terminated based on any false, omitted, or fraudulent information.

Signature: _____ **Date:** _____

(Electronic signatures are **NOT** acceptable!

This document must be physically signed by applicant)

Print Full Name (First Middle Last)

Current Address

City

State

ZIP/Postal Code



BACKGROUND CHECK AUTHORIZATION FORM

I, _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described in the background check disclosure, without any reservation, throughout any duration of my employment at MAT@USC (hereinafter referred to as the “Company”).

I certify that all information provided below is true and accurate to the best of my knowledge.

This authorization and consent shall be valid in original, facsimile (“fax”), or copy form.

In consideration for reviewing my application for employment, I hereby authorize the Company and Info Cubic, LLC, and any other individual or entity retained by it, pursuant to the provisions of the Fair Credit Reporting Act (15 U.S.C. §§ 1681 *et seq.*) and any other applicable federal, state and local laws, to conduct a thorough pre-employment background screening, including investigation of my references, work record, educational background, governmental agency records, and any other matters related to my suitability for such employment, including, but not limited to, the right to verify my social security number, and conduct a criminal records search.

I understand and acknowledge that it is my right to receive, within 7 days of receipt by the Company, a copy of any “public records” obtained by the Company as part of any pre-employment background screening the Company conducts with respect to my employment application. By initialing here, I waive my right to receive a copy of such public records: _____. I understand and acknowledge that if the Company takes any adverse action against me with respect to my employment application as a result of any public record obtained during any pre -employment background screening it conducts, that the Company will provide me a copy of such public record regardless of the foregoing waiver.

I understand and acknowledge that an “investigative consumer report” may include information as to my character, general reputation, personal characteristics, and mode of living, which may be obtained by interviews with individuals with whom I am or have been acquainted, or who may have knowledge concerning any such items of information. I understand and acknowledge that, upon my written request, the Company shall make a complete and accurate written disclosure of the nature and scope of the consumer investigation it has requested with respect to my employment application. I further understand and acknowledge that I have the right to request a copy of any investigative consumer report obtained with respect to my employment application.

I understand and acknowledge that the Company shall have the right, in its sole discretion, to review data from the sources referred to above, and that satisfactory completion of my background investigation shall be a condition to my employment. In the event the Company determines, in its sole discretion, that I am not suitable for the position applied for, then the Company shall have no further responsibility with regard to my application for employment or any conditional offer of employment which may have been provided to me.



I acknowledge receipt of the BACKGROUND CHECK DISCLOSURE AND RELEASE OF LIABILITY FORMS and certify that I have read and understand both of these documents. By signing this authorization form I am acknowledging that I have received and signed each of these forms.

Signature: _____

Date: _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. PLEASE PRINT LEGIBLY:

Print Full Name (First Middle Last)

Maiden/AKA/Previous Name(s)

____-____-_____
Social Security Number

Email Address

____/____/_____
Date of Birth (MM/DD/YYYY) (This will not affect hiring decision)

Current Address

(____)_____
Phone

City

State

ZIP/Postal Code

California, Minnesota, Massachusetts, Maine and Oklahoma Applicants: please check this box to have a copy of your report emailed directly to you

Notice to California Applicants: Under section 1786.22 of California Civil Code, you have the right to request from Info cubic, upon proper identification, the nature and substance of all information in files pertaining to you, including the sources of information, and recipients of any reports on you, which Info Cubic has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Info Cubic during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

Notice to Maine Applicants: Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

Notice to Massachusetts Applicants: Under Mass. Ann. Laws chapter. 93 §§ 50, a Consumer Reporting Agency may furnish a report if intended to be utilized for employment purposes.

Notice to New York Applicants: Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Please initial here to acknowledge receipt of Article 23-A of New York Correction Law _____