



# APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_

Date: \_\_\_\_\_

McLean Implement Location: \_\_\_\_\_

Please indicate the position(s) for which you wish to be considered. Applicants are considered only for specific positions. (Do not list "any")

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

**INSTRUCTIONS:** Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at McLean Implement, Inc. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. McLean Implement, Inc. does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, or any other legally protected class. You may request assistance in completing this application.*

## PERSONAL

Name \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
First M.I. Last

Address \_\_\_\_\_  
Street Box City State

Zip \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_ @ \_\_\_\_\_

If younger than 18, state your age here \_\_\_\_\_

Are you legally entitled to work in the United States? \*\*  yes  no

\*\*Compliance with I-9 requirements is mandatory, upon employment

If convicted of a crime(s), explain here: \_\_\_\_\_  No convictions

(A criminal conviction may or may not prohibit you from employment)

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Have you ever been convicted of a moving traffic violation?  yes  no

If yes, list all here: \_\_\_\_\_

Have your driving privileges ever been revoked or suspended?  Yes  No

If yes, list here when and why: \_\_\_\_\_

When reinstated? \_\_\_\_\_

Do you currently hold a Commercial driving license (CDL)?  Yes  No Class \_\_\_\_\_

**EDUCATION**

High School (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ G.E.D. Obtained? \_\_\_\_\_

Grade Point Average \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Minor \_\_\_\_\_

If attending, date of graduation \_\_\_\_\_

Other Education \_\_\_\_\_

Awards, Honors, Leadership Roles: \_\_\_\_\_

**MILITARY**  not applicable

List service in U.S. Military: From \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Military experience that may be applicable to working here: \_\_\_\_\_

**GENERAL EMPLOYMENT INFORMATION**

1. List here all of the equipment with which you have experience and training. (Examples: AG equipment, small tools, forklift, calculator, computers, etc.): \_\_\_\_\_

2. Are you willing to relocate? \_\_\_\_\_ If yes, state location preferred \_\_\_\_\_

3. Salary Expected \_\_\_\_\_/hour and number of hours you are available per week? \_\_\_\_\_

No preference

4. Type of employment sought:  regular full time  regular part time  temporary

5. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary?  yes  no  don't know

6. Are you currently under a non-compete agreement that will prevent you from working for any business in our industry?  yes  no

If yes, please explain and list the date the agreement expires: \_\_\_\_\_

**EXPERIENCE:** List below all present and past employment, beginning with your most recent employer

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week

Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week

Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving:  Quit  Discharge  Retired  Laid Off Why? \_\_\_\_\_

For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_

Please do not contact this employer. Why not? \_\_\_\_\_

**2. Employer** \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Reason for Leaving:  Quit  Discharge  Retired  Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

**3. Employer** \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  
 Reason for Leaving:  Quit  Discharge  Retired  Laid Off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

In the following space, please describe briefly why you are applying for this position:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In the following space, please describe your strengths and talents and how our company will benefit from your work here.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment McLean Implement, Inc., and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either McLean Implement, Inc., or me. I understand that no representative of McLean Implement, Inc., has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of McLean Implement, Inc., may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an officer of McLean Implement, Inc..
- V. I understand that I may be required to submit to a pre-employment and post-employment test for fitness and/or substance abuse, if not prohibited by law.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

# AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Current Address Dates Lived Here

\_\_\_\_\_  
Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Birth Other Names Used (including maiden name) Years Used

\_\_\_\_\_  
Social Security Number Driver's License # State

\_\_\_\_\_  
Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name Applicant Signature Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or **Minnesota** resident and would like to request a copy of your **Consumer Report or Investigative Consumer Report**, please check here. \_\_\_\_ This report may include character and reputation information obtained through personal interviews.

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**