APPLICATION FOR EMPLOYMENT



McLean does not discriminate in hiring or in any other employment decision on the basis of race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, genetics or any other legally protected status. No question on this application is intended to secure information to be used for such discrimination.

(PLEASE PRINT)

POSITION DESIRED: DATE: DATE:			:	
IDENTIFY PO	OSTHON, "ANY" IS NOT ACCEPTABL	E		
Last Name	First Name		Middle Name	
Address (Number and Street)	City	State	Zip	
If residency at current address is f	for less than 5 years, please p	provide complete addre	ess for last 5 years:	
Telephone	Cell Phone #			
How did you hear about McLean	?			
Did a present employee refer you'	? Yes Name:		No	
Have you ever filed an application	n with us before? Yes	When	No	
Have you ever been employed with	th us before? Yes V	When	No	
If you are under 18 years of age, of	can you furnish us with proo	f of your eligibility to v	work? YesNo	
When can you begin work?				
Are you interested in: Full Time	Part Time Pe	er Diem Tempo	orary	
Do you have a shift preference?	Days Evenings	Nights		
Can you work flexible hours? Ye	-	_		
Can you travel if a job requires it		·		

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name & Location	Number of Years Completed	Type of Diploma/Degree- Major	Did You Graduate? *
High School		,		
College				
Graduate				
Other				
•	rs you have received:			
	guages you can speak, read and		cript, and year of gradi	<u>uation):</u>
Speak				
Read				
Write				
Describe any training	ng received including training in	n the United States	s military.	
	rade, business or civic activities r, race, religious creed, marital s		•	-
Please provide the	names and addresses of three re	ferences. Referen	ces should not be r	elated to you.
Name	Address			Telephone
Name	Address			Telephone
Name	Address			Telephone

EMPLOYMENT HISTORY

Please provide us with 10 years of employment history. Complete <u>all</u> blocks. <u>Incomplete applications will not be considered</u>. Start with your most recent employer first.

Company Name:				
Address:				
Name of Supervisor	Supervisor's Title	<u>Date</u>	s of Employment	
	Telephone #:	From:	То:	
Job Title:				
Reason for Leaving:		·		
Company Name:				
Address:				
Name of Supervisor	Supervisor's Title	Date	Dates of Employment	
	Telephone #:	From:	То:	
Job Title:				
Reason for Leaving:				
Company Name:				
Address:				
Name of Supervisor	Supervisor's Title	Date	s of Employment	
	T-l-uh-u- #	- From:	То:	
Job Title:	Telephone #:	FIOIII.	10.	
Reason for Leaving:				
reason for Leaving.				
(If you need	additional space, please continue on a sep	arate piece of paper.)	
May we contact your present empl	oyer? Yes No			
For the purpose of checking refere	nces, please list names you have bee	en known by for t	ne past ten years:	
Describe any special job-related sk	kills, specialized training and qualific	cations acquired t	rom employment or	
other experiences:	and quanti	canons acquired i	rom employment of	

Please identify licenses/certifications, if applicable:

License: Type:	#:				
	Date C.P.R. Certified:				
CNA Date Completed Training	Date Registered Competency Test Date				
Training Agency:	Location:				
Other Certifications:					
Please identify computer proficienci	ies:				
ComputerName(s)	SoftwareName(s)				
·	t on your submission of satisfactory proof of your identity United States. If you fail to submit this proof, federal law	-			
Please read the statements below.	If you understand and agree, please sign the application:				
• I will be required, after offer, to provid functions of the position for which I an	le a signed statement from my physician certifying me capable of performin hired.	ng the essential			
• The position for which I am applying may include weekends or flexible hours. I agree that I can meet that commitment.					
• I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with McLean is of an "at will" nature, which means that I may resign at any time and McLean may discharge me 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 McLean.					
• I understand that false or misleading in also, that I am required to abide by all	iformation given in my application or interview(s) may result in discharge. McLean policies and procedures.	I understand,			
statement shall be regarded as a signed	e a thorough investigation of my past employment and education record. A original of my agreement to release from all liability or responsibility person for the purpose of an investigation of my work record for employment.				
I am aware that I may be asked to comp	plete drug screening on hire and at random.				
• I certify that answers I have given are t	true and complete to the best of my knowledge.				
	Signature Date (unsigned application will not be considered)				
NOTES: (Personnel Department O	nly ₎				
Position offered:	•				