



Application for Employment

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants must be able to perform essential functions of the job and are considered without regard to race, color, religion, sex, national origin, age, marital status, disability, sexual orientation, arrest/conviction record, ancestry or other class protected by law.

If you need assistance completing this Application, please ask a staffing representative.

General Information

DATE OF APPLICATION

POSITION APPLIED FOR

NAME (Last, First, Middle)

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

Are you legally permitted to work in the United States for any employer in a regular full- or part-time job?

☐ Yes ☐ No

All offers will be contingent upon the verification of lawful employment status as required by the Immigration Reform and Control Act of 1986. (If hired, you must present documentation establishing your U.S. employment eligibility within 3 business days of start date).

Have you worked for MCD before? ☐ Yes ☐ No If yes, when? From: _____ to _____

Position: _____

Are you now employed? ☐ Yes ☐ No

How were you referred to MCD?

☐ MCD employee Name _____

☐ Newspaper ☐ Internet ☐ Agency ☐ Friend ☐ School

☐ Relative Name _____

Is this person a current MCD employee? ☐ Yes ☐ No

Rate of pay expected _____

On what date would you be available for work? _____

Graphic Arts Products & Finishing
ISO 9001:2000 Certified

MCD Incorporated, 2547 Progress Road, Madison, WI 53716 • 608.221.3422 • 800.395.9405 • Fax: 608.221.8728 • www.mcd.net

Employment Experience

1. Begin with most recent position or last job held.
 2. List work experience.
 3. Include military service assignments, periods of self employment and full-time volunteer work.
- If you need additional space, please continue on a separate sheet of paper.*

EMPLOYER	EMPLOYMENT DATES (Month & Year) FROM _____ / _____ TO _____ / _____	
ADDRESS (City, State, Zip Code)		BASE SALARY
JOB TITLE	SUPERVISOR	PHONE #
WORK PERFORMED		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER	EMPLOYMENT DATES (Month & Year) FROM _____ / _____ TO _____ / _____	
ADDRESS (City, State, Zip Code)		BASE SALARY
JOB TITLE	SUPERVISOR	PHONE #
WORK PERFORMED		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER	EMPLOYMENT DATES (Month & Year) FROM _____ / _____ TO _____ / _____	
ADDRESS (City, State, Zip Code)		BASE SALARY
JOB TITLE	SUPERVISOR	PHONE #
WORK PERFORMED		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYER	EMPLOYMENT DATES (Month & Year) FROM _____ / _____ TO _____ / _____	
ADDRESS (City, State, Zip Code)		BASE SALARY
JOB TITLE	SUPERVISOR	PHONE #
WORK PERFORMED		
REASON FOR LEAVING		MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education Experience

DIPLOMA/DEGREE	YEAR	GRADUATED	SCHOOL	MAJOR
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No		
ASSOCIATE DEGREE		<input type="checkbox"/> Yes <input type="checkbox"/> No		
BACHELOR'S		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MASTER'S		<input type="checkbox"/> Yes <input type="checkbox"/> No		
DOCTORATE		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Professional Certifications/Licenses

TYPE OF CERTIFICATE/LICENSE	STATE/FEDERAL	EXPIRATION DATE

Relevant Experience

Describe specialized training, apprenticeship, skills, certifications, licenses and activities that are pertinent for the position that you are applying for. (You may exclude organizations and activities that indicate race, religion, sex or national origin).

State any additional experience you feel may be helpful to MCD in considering your application.

Additional Information

Have you ever been convicted of a felony? ☐ Yes ☐ No

(A conviction will not necessarily disqualify you from the position which you have applied).

If Yes, complete the following:

OFFENSE

DATE

CITY & STATE

Professional References

Please list professional references who can comment on your work performance. Do not include relatives. If you're a student, include two professors or instructors.

NAME

TITLE

COMPANY

PHONE

E-MAIL

NAME

TITLE

COMPANY

PHONE

E-MAIL

NAME

TITLE

COMPANY

PHONE

E-MAIL

I certify that the information given on this Application is true and complete. I understand that any misstatements or omissions of information are grounds for denial of employment and, if hired, for dismissal. I understand that employment is conditioned upon verification of the information obtained herein, as well as my passing a post-offer-pre-employment drug test.

I give MCD, Inc. the right to request, and I give listed employers, schools and professional references (as well as any other persons; schools; companies; credit bureaus; state licensing law enforcement and other governmental agencies), the right to give MCD (without further notice to me) any and all information about my background, along with any other pertinent information that they may have, personal or otherwise. I release all parties from all liability and agree not to file any claim, lawsuit or any other cause of action of any kind against any person or any entity arising out of the furnishing receipt or use of such information.

In consideration of my employment at MCD, Inc., I agree to learn and conform to MCD's rules and regulations. I further agree that employment with MCD is at will and that either I, or the Company, may terminate my employment without notice at any time for any reason. I understand that I have no written or oral employment contract with MCD.

Signature of Applicant

Date

Graphic Arts Products & Finishing
ISO 9001:2000 Certified

MCD Incorporated, 2547 Progress Road, Madison, WI 53716 • 608.221.3422 • 800.395.9405 • Fax: 608.221.8728 • www.mcd.net