



Imagination Made Real

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

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

<u>DIPLOMA/DEGREE</u>	<u>GRADUATED</u>	<u>SCHOOL</u>	<u>MAJOR</u>
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

<u>TYPE OF CERTIFICATE/LICENSE</u>	<u>STATE/FEDERAL</u>	<u>EXPIRATION DATE</u>

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.

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
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PHONE	E-MAIL
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NAME	TITLE	COMPANY
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PHONE	E-MAIL
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NAME	TITLE	COMPANY
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PHONE	E-MAIL
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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

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