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| Mac-Lad Corp. Employment Application Please fill out this application completely and return it to our office Date: | Please Submit Form to: Email: orders@mac-lad.com Fax: (631) 727-0805 Phone: (631) 727-0165 |
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| General Information (Complete all fields.) | | |
|--|--------|------|
| Name: | | |
| Street Address: | | |
| City: | State: | Zip: |
| Phone #: | | |
| Date of Birth: | | |
| Email: | | |
| Social Security #: | | |

| Employment Desired (Complete all fields.) | |
|---|---|
| Position: | Salary Desired: |
| Do you have a CDL? Y / N | What Type of CDL do you have: Any Endorsements: |
| Employment Start Date: | Are you Fork Lift Certified? Y / N |
| Are you Currently Employed? Y / N | Who is your current employer(s)? |
| Current Position: | |
| Are you Legally allowed to work in the US? Y / N | May we contact your employer(s)? Y / N Contact Name: |

| Education History | | | | |
|--|--------------------------------------|-----------------------|--------------------------------|-----------------------|
| Type | Name & Location of School | Years Attended | Certificates or Degrees | Field of Study |
| High School: | | | | |
| College: | | | | |
| Trade/Business/ Correspondence School: | | | | |
| Certificates/ Qualifications: | | | | |

| Additional Information: |
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| Special or Relevant Training: |
| Special or Relevant Skills: |
| U.S. Military or Naval Service: |
| Rank: |
| Any additional relevant information that you would Like us to know during our hiring process: |

Employment History

| Dates Worked | Name & Location of Employer | Position | Salary | Reason for Leaving |
|------------------------------|-----------------------------|----------|--------|--------------------|
| Start Date: End Date: | Contact Name and Number: | | | |
| Start Date: End Date: | Contact Name and Number: | | | |
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| Start Date: End Date: | Contact Name and Number: | | | |
| Start Date: End Date: | Contact Name and Number: | | | |

Professional References:

Name:

Phone Number:

Company:

Relationship:

Name:

Phone Number:

Company:

Relationship:

Name:

Phone Number:

Company:

Relationship:

Personal References:

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

Name:

Phone Number:

Relationship:

Equal Opportunity Employment:

Mac-Lad Corp. is an equal opportunity employer. In accordance with anti-discrimination laws, it is the purpose of this policy to effectuate these principles and mandates. Mac-Lad Corp. prohibits discrimination and harassment of any type and affords equal employment opportunities to employees and applicants without regard to race, color, religion, sex, national origin, age, disability or genetic information. Mac-Lad Corp. conforms to the spirit as well as to the letter of all applicable laws and regulations. Additionally, Mac-Lad Corp. will take action to employ, advance in employment and treat qualified Vietnam-era veterans and disabled veterans without discrimination in all employment practices.

Please be aware that all applicants are required to take a pre-employment drug test. All employees are subject to random drug testing during their time of employment with Mac-Lad Corp.

Authorization:

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for termination.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization and such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Signature

Date