

McEvoy of Marin, LLC

EMPLOYMENT APPLICATION

McEvoy of Marin, LLC is an Equal Opportunity Employer

All candidates for employment must complete this application in full. Please print clearly in blue or black ink.

Name: Last, First, Middle		Position(s) Desired	Today's Date	
Address: Street		Salary Desired	Date Available for Employment	
City, State, Zip		Status Desired: <input type="checkbox"/> Full-Time (40 hrs.) <input type="checkbox"/> Seasonal. on-call <input type="checkbox"/> Part-Time (20 – 39 hrs.) <input type="checkbox"/> or temporary work		
Phone Number	Alternative Phone Number	Email Address		
Have you ever applied to or worked for McEvoy of Marin before? If yes, when and where:		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any friends or relatives working for McEvoy of Marin? If yes, name(s) & relationship:
Are you at least 18 years of age? (If under 18, hire is subject to verification of minimum legal age and possessing a work permit.)		<input type="checkbox"/>	<input type="checkbox"/>	Are you able to perform the functions of the job for which you're applying, either with or without reasonable accommodation?
Do you have a legal right to work in the U.S.? (Proof of eligibility and identification required upon hire.)		<input type="checkbox"/>	<input type="checkbox"/>	If no, describe the functions that cannot be performed:
If hired, would you have a reliable means of transportation to and from work?		<input type="checkbox"/>	<input type="checkbox"/>	(Note: We comply with the ADA and consider reasonable accommodations that may be needed for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

EMPLOYMENT EXPERIENCE (Please list below all positions held during the last seven years, starting with your most recent employer. Account for all periods of unemployment. Attach additional pages if necessary.)

You must complete this section even if you are attaching a resume.

Name of employer	Phone Number	Name of employer	Phone Number
Address (street, city, state)		Address (street, city, state)	
Date hired (month, year)	Date terminated (month, year)	Date hired (month, year)	Date terminated (month, year)
Your last position	Last salary	Your last position	Last salary
Your name while there	Supervisor's name	Your name while there	Supervisor's name
Description of duties		Description of duties	
Reason for leaving		Reason for leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?		May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	

EMPLOYMENT EXPERIENCE (continued on next page)

Name of employer	Phone Number	Name of employer	Phone Number
Address (street, city, state)		Address (street, city, state)	
Date hired (month, year)	Date terminated (month, year)	Date hired (month, year)	Date terminated (month, year)
Your last position	Last salary	Your last position	Last salary
Your name while there	Supervisor's name	Your name while there	Supervisor's name
Description of duties		Description of duties	
Reason for leaving		Reason for leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?		May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?	

SKILLS: List skills or equipment of which you are experienced:	EDUCATION Circle last year completed							
	High School	1	2	3	4	Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	College	1	2	3	4	Graduate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Major/Trade:	_____						

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

_____ I authorize McEvoy of Marin, LLC (the "Company") to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

_____ I understand that nothing contained in the application, or conveyed during the application process, is intended to create an employment contract between me and the Company for any specified term. In addition, I understand and agree that if I am employed by the Company, my employment will be at-will, meaning that it is for no definite or determinable period and may be terminated at any time, with or without prior notice and with or without cause, at the option of either myself or the Company. I further understand that no supervisor, manager or other representative of the Company has any authority to enter into any expressed or implied contract, promises or representations contrary to the foregoing and that no contracts, promises or representations are binding on the Company unless made in writing and signed by the Owner of the Company.

Initials

_____ Should a search of public records be conducted by internal personnel employed by the Company or their contracted representative, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box following: I waive receipt of a copy of any public record described in the paragraph above.

Initials

Applicant's Signature

Date