



Serving the Constructor®

APPLICATION FOR EMPLOYMENT

McCann Industries, Inc. is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act. This applicant will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner; we reserve the right to reject any application which is not fully completed.

PERSONAL

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Last First Middle

Present Address \_\_\_\_\_ Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Are you over 18? Yes [ ] No [ ] Are you legally eligible for employment in the United States? Yes [ ] No [ ]

Do you have the ability, with or without reasonable accommodations (if disabled), to work overtime or to travel if it is an essential job function and required by the job for which you are applying? Yes [ ] No [ ]

Will you be willing to relocate? Yes [ ] No [ ]

EMPLOYMENT DESIRED

Are you seeking [ ] Full-time [ ] Part-time [ ] Temporary or Summer Employment?

Position Applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_ Date Available to Start \_\_\_\_\_

Have you ever applied to our company before? Yes [ ] No [ ] Have you ever worked at our company before? Yes [ ] No [ ]

If your answer to either of the above questions is yes, state when and where you applied and/or worked.

How did you learn of our company and/or position? \_\_\_\_\_

Are you now, or do you expect to be, working in any other business or job? Yes [ ] No [ ]

Are there any days or hours that you would be unwilling or unable to work? Yes [ ] No [ ]

If yes, please explain \_\_\_\_\_

CAPABILITY/RELIABILITY (We provide reasonable accommodations to disabled individuals)

Would you be willing and able to perform all of the essential job functions required by the job you are applying for? Yes [ ] No [ ] If not, please explain which tasks \_\_\_\_\_

Will you abide by the safety rules of this company? Yes [ ] No [ ]

Have you ever been disciplined for violating company safety rules or regulations? Yes [ ] No [ ] If yes, please explain \_\_\_\_\_

Would you be willing and able to report to work on time every day on a regular and consistent basis (if you are disabled, we will provide reasonable accommodations)? Yes [ ] No [ ]

If no, please explain \_\_\_\_\_



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**EDUCATION**

Type of School	Name & Mailing Address of School	Major	Circle Last Year Completed	Degree Earned (If yes, indicate degree)
High School	(Name only)		9 10 11 12	Yes / No
College/University			1 2 3 4	Yes / No
College/University			1 2 3 4	Yes / No
Graduate			1 2 3 4	Yes / No
Technical/Business/Trade School			1 2 3 4	Yes / No
Other			1 2 3 4	Yes / No

If you are not a high school graduate, have you passed the GED test? Yes  No

Are you planning to pursue further studies? Yes  No

If so, when, where and what courses? \_\_\_\_\_

List any job related scholastic honors, offices held and activities involved in during high school and college \_\_\_\_\_

**SPECIAL SKILLS**

List and describe any other job related education or specialized training

\_\_\_\_\_

\_\_\_\_\_

List any other job related skills/experience that relate to this position (typing, fluent languages, software skills, heavy machinery, etc.)

\_\_\_\_\_

List job related professional, trade, business or civic activities or associations to which you belong. (Please exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

\_\_\_\_\_

\_\_\_\_\_

Describe why you are interested in working for our company and to list those skills and abilities which you feel particularly qualify you for a position with us. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY**

Have you ever served in the military? Yes  No  Service Branch \_\_\_\_\_



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EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all the periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE DO NOT WRITE, "SEE RESUME"

Are you currently employed? Yes [ ] No [ ] Have you ever been fired, or asked to resign from a job? Yes [ ] No [ ]

If yes, please explain \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Dates of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Title/Position \_\_\_\_\_ Hours per Week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer Yes [ ] No [ ]

Employer \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Dates of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Title/Position \_\_\_\_\_ Hours per Week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer Yes [ ] No [ ]

Employer \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Dates of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Title/Position \_\_\_\_\_ Hours per Week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer Yes [ ] No [ ]

Employer \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Dates of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Title/Position \_\_\_\_\_ Hours per Week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact this employer Yes [ ] No [ ]

REFERENCES

List three supervisory references that are familiar with your work history and experience. Do not list relatives, friends, or personal references.

1. Name \_\_\_\_\_ Company \_\_\_\_\_

Business Relationship \_\_\_\_\_ Years Known \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

2. Name \_\_\_\_\_ Company \_\_\_\_\_

Business Relationship \_\_\_\_\_ Years Known \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

3. Name \_\_\_\_\_ Company \_\_\_\_\_

Business Relationship \_\_\_\_\_ Years Known \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_



**APPLICANT AGREEMENT: RELEASE AND CERTIFICATION**

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge (no matter when discovered).

Note: Please understand that an offer of employment may be contingent upon the candidate's successful completion of a reference check, a job related background investigation and/or credit check (if job related and allowed by law). Please note that a criminal conviction alone will not necessarily disqualify a person from employment. Our practice is to look at all of the circumstances surrounding the conviction (including the length of time since the conviction, the type of offense and the length of time since the sentence was completed) to determine if the conviction is related to the position applied for by the candidate. We also do not rely on a record of conviction that has been expunged or sealed.

If I am offered a position, I hereby authorize McCann Industries, Inc. to contact any company or individual it deems appropriate to investigate my employment history, character and job related qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements. This authorization will be construed to the fullest extent allowed by law.

I agree that, if I am hired, I will abide by all the rules and regulations of McCann Industries, Inc. I understand that the taking of drug and alcohol tests, when given pursuant to Company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without express written consent of the President of McCann Industries, Inc.

***I also understand that, if I am employed, my employment is "at-will" and may be terminated by myself or by the Company at any time for any reason or no reason at all, with or without prior notice.***

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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**Our Mission Statement**

At McCann, we are committed to exceptional customer satisfaction by providing quality products, sound technical support and responsive, reliable service. Our goal is to add value to all of our business relationships.

**Our Employee Promise**

At McCann Industries, Inc., professional employees are the most important resource in our service commitment to our customers.

By applying the principles of respect, trust, honesty and commitment, we cultivate and maximize talent to the benefit of each individual and the company.

McCann Industries, Inc. fosters a work environment where diversity is valued, quality of life is enhanced, individual aspirations are fulfilled and the McCann Guiding Principles are strengthened.

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# Equal Employment Opportunity is **THE LAW**

## **Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### **DISABILITY**

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### **AGE**

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### **SEX (WAGES)**

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

### **GENETICS**

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### **RETALIATION**

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

### **WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED**

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

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## Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within

three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

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## Programs or Activities Receiving Federal Financial Assistance

### **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

# EMPLOYEE RIGHTS

## EMPLOYEE POLYGRAPH PROTECTION ACT

The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.

### PROHIBITIONS

Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

### EXEMPTIONS

Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities.

The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers.

The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer.

The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.

### EXAMINEE RIGHTS

Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.

### ENFORCEMENT

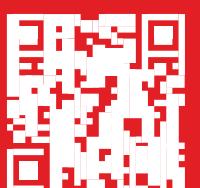
The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or job applicants may also bring their own court actions.

**THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.**



WAGE AND HOUR DIVISION  
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243  
TTY: 1-877-889-5627  
[www.dol.gov/whd](http://www.dol.gov/whd)



# EMPLOYEE RIGHTS

## UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

### LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within 1 year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

### BENEFITS & PROTECTIONS

### ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

### REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

### EMPLOYER RESPONSIBILITIES

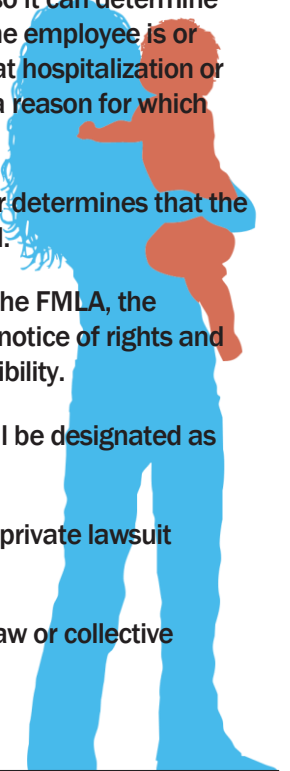
Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

### ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627



**WWW.WAGEHOUR.DOL.GOV**

