

APPLICATION FOR EMPLOYMENT

MCCDD, Inc.  
610 S Chamber Dr.  
Fredericktown, MO 63645  
573-783-3770

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

SS#: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Education: Diploma or GED Date You Could Start Work: \_\_\_\_\_

LIST ANY OTHER NAMES WHICH YOU HAVE USED FOR EMPLOYMENT RECORDS,  
COURT PROCEEDINGS, EDUCATION, ETC.....

Please list your last three (3) employers with the most recent being first:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: / Work Performed: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: / Work Performed: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: / Work Performed: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Do you have a Driver's License? \_\_\_\_\_

Would you be available for evening work? \_\_\_\_\_

Would you be available for weekend work? \_\_\_\_\_

Board members, their immediate relatives and household members may not apply. I authorize investigation of all statements contained on this application. I understand misrepresentation or omission of facts called for is cause for dismissal. Further, I agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice. MCCDD, Inc. is an agency which follows Employment-at-Will status. **MCCDD is an Equal Employment Opportunity Employer.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE