

APPLICATION FOR EMPLOYMENT

William McDonough + Partners

To Applicant: We appreciate your interest in our company and are sincerely interested in your qualifications. In order to make the best possible match between your skills and experience and our requirements, we need a clear understanding of your background. Please fill out all blanks carefully and completely. Resumes will not be accepted in lieu of completed applications, but are considered to be as supplement information. PLEASE PRINT PLAINLY.

PERSONAL DATA

Name _____
Last First Middle Social Security # Today's Date

Address Street City State Zip Code

Home Telephone # Work Telephone Mobile # Fax # E-Mail

POSITION INFORMATION

Position Applying For Salary Requirements

Date Available to Start Type of Employment Desired (Full-Time/Part-Time/Temporary/Educ. Co-Op)

Are you willing to Travel?

GENERAL INFORMATION

- If you are under 18 years of age, can you provide required proof of your eligibility to work? ___ Yes ___ No
- Have you filed an application with William McDonough + Partners before? If yes, give date _____ ___ Yes ___ No
- Have you been employed at William McDonough + Partners before? If yes, give dates _____ ___ Yes ___ No
- Have you worked under any other name? Please provide: _____ ___ Yes ___ No
- Are you legally eligible for employment in the United States? ___ Yes ___ No
- Are you currently employed? ___ Yes ___ No
- May we contact your present employer? ___ Yes ___ No
- Do you have any relatives employed at William McDonough + Partners? ___ Yes ___ No

Name & Relationship _____

- Are you able to meet the attendance requirements of the position? ___ Yes ___ No
- Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? ___ Yes ___ No
- Have you ever been bonded? ___ Yes ___ No
- If hired, will you be employed by any other business while employed by William McDonough + Partners? ___ Yes ___ No

If yes, please explain: _____

- How did you learn of our organization:
___ Advertisement, please provide name of publication: _____
William McDonough + Partners Employee, please provide name of individual: _____
___ Temporary Agency
___ Website
___ Other, please provide: _____

EDUCATION

Education Type of School	Name and Address of School	Major Subject	Circle Last Year Attended	Graduated	Degree Received, Class Rank, GPA
High School			1 2 3 4	Yes/No	
College/University			1 2 3 4	Yes/No	
College/University			1 2 3 4	Yes/No	
Graduate School			1 2 3 4	Yes/No	
Business/Trade/Other			1 2 3 4	Yes/No	

ADDITIONAL QUALIFICATIONS

List any other specialized training, apprenticeship, skills, and extra-curricular activities including workshops/seminars that you have completed that will help to qualify you: _____

List any honors and special recognition that you have received: _____

List professional, trade, business or civic activities, memberships, and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, disability, or other protected status: _____

ADDITIONAL INFORMATION

Provide any additional information you feel may be helpful to us in considering your application: _____

COMPUTER SKILLS & FOREIGN LANGUAGES

Computer Skill/Software Knowledge	Proficiency __Basic __Intermediate __Advanced	Foreign Language	How Used __Speak __Read __Write
Computer Skill/Software Knowledge	Proficiency __Basic __Intermediate __Advanced	Foreign Language	How Used __Speak __Read __Write
Computer Skill/Software Knowledge	Proficiency __Basic __Intermediate __Advanced	Foreign Language	How Used __Speak __Read __Write
Computer Skill/Software Knowledge	Proficiency __Basic __Intermediate __Advanced	Foreign Language	How Used __Speak __Read __Write
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WORK EXPERIENCE/FORMER EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail **all** work experience beginning with your present or most recent job and list backward in order. Include periods of unemployment, self-employment, military service, internships, volunteer and summer work. Be sure to indicate whether employment was full-time or part-time. Incomplete information may result in the disqualification of your application. Use supplemental sheets if necessary. If currently employed, may we contact your employer? Yes No

Employer: _____ Phone no. (____) _____
Address: _____
Position Held/Title: _____
Supervisor (Name, Title): _____
Dates Employed: From: _____ To: _____ Full-Time Part-Time
Month/Yr. Month/Yr.
Annual Rate/Salary: Starting: _____ Final: _____
Reason for Leaving: _____
Description of primary responsibilities: _____

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Address: _____
Position Held/Title: _____
Supervisor (Name, Title): _____
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Reason for Leaving: _____
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If you need additional space, please continue on a separate sheet of paper. Include all work performed.

EMPLOYMENT AND PROFESSIONAL REFERENCES

List name(s) of persons we may contact to verify your qualifications for the position for which you are being considered. Provide the most recent supervisor or instructor name. Do **not** list friends or relatives.

Name:	Name:	Name:
Title or Position:	Title or Position:	Title or Position:
Company Name:	Company Name:	Company Name:
Address:	Address:	Address:
Phone # E-Mail:	Phone # E-Mail:	Phone # E-Mail:
Years Known:	Years Known:	Years Known:

Applicant's Statement We are an Equal Opportunity Employer

I understand that this application will be given every consideration but is not a promise of employment. It is the policy of William McDonough + Partners to provide and promote equal opportunity in employment, compensation, and other terms and conditions of employment without discrimination because of race, color, sex, religion, national origin, age, or disability. I understand that William McDonough + Partners is an "at will" employer. This means that if I am employed, I may leave employment or William McDonough + Partners may terminate me at any time for any reason with or without notice. I further understand that any oral or written statements to the contrary may be expressly disavowed and should not be relied upon by me. I understand that this employment application and any other documents of William McDonough + Partners are not contracts of employment.

I understand that William McDonough + Partners may investigate my **driving, criminal, credit, license, and education records**. I further understand that William McDonough + Partners may contact previous employers to disclose to William McDonough + Partners all records pertinent to my employment with them. I release William McDonough + Partners and any prior employer from any liability for such disclosure.

I hereby state that all of the information that I provide on this application, in any other application related to my employment or employee benefits, and in any interview is true and accurate. I understand that if I am employed or an offer of employment is made, and any such information is later found to be false in any respect, I may not be hired or later dismissed. I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

I understand that if I do not complete this application in its entirety, my application will not be considered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant

Date

Addendum to Application
**Notification and Authorization to
Conduct Background Investigation**

I hereby authorize William McDonough + Partners or its agent to investigate my background to determine any and all information of concern to my record, whether same is on record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

Signature of Applicant

Date

Request for Transcript of Academic Record

I hereby authorize the educational institutions listed on the Employment Application to release a copy of my official transcript of my academic record.

Name (Please Print)

Maiden Name

Social Security Number

Signature

Date