



J.A. McDONALD, INC.

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Application for Employment Equal Opportunity Employer

Personal Information:

Name

Please Print (Last) (First) (Middle)

Address

(Street)

(City)

(State)

(Zip code)

Phone Number ()

Referred By

Employment Desired:

Position:

Date available for employment:

Ever employed by this company before?

Education & Training:

Last school attended

Dates

Address

(Street)

(City)

(State)

(Zip code)

Please circle last year completed:

Grade 5 6 7 8 High School 9 10 11 12 Other 1 2 3 4

Please list applicable courses, certifications, diplomas or licenses.

Other training or skills (Include military):

Former Employers: (Start with your present or most recent position and work back.)

1.

(Name of firm)

(Address)

(City)

(State)

(Your job title)

(Duties)

Employed From: _____ to _____

Salary: Start _____ Final _____

Reason for leaving:

May we contact this employer? () Yes () No

Phone Number: ()

Former Employers: (continued)

2.

(Name of firm)

(Address)

(City)

(State)

(Your job title)

(Duties)

Employed From: _____ to _____

Salary: Start _____ Final _____

Reason for leaving:

May we contact this employer? () Yes () No

Phone Number: ()

3.

(Name of firm)

(Address)

(City)

(State)

(Your job title)

(Duties)

Employed From: _____ to _____

Salary: Start _____ Final _____

Reason for leaving:

May we contact this employer? () Yes () No

Phone Number: ()

Additional Information: (List any other information including employment, volunteer and community work that might be helpful in determining your qualifications for the position.)**Personal References:** (Not related to you. Include addresses and phone numbers.)

1.

2.

3.

Have you any medical condition, which may limit your ability to perform the particular job for which you are applying? () Yes () No

Are you legally able to be employed in the U.S.? () Yes () No

I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have withheld nothing that, if disclosed, would affect this application unfavorably. I understand that if employed, any false statements on this application shall be sufficient cause for dismissal.

(Signature)

(Date)