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One Mission Park Groveport, OH 43125	✓ United McGill Corporation One Mission Park Groveport, OH 43125	☐ United McGill Corporation 122 East Columbus Street Lithopolis, OH 43136	Last Name:	Cauley
McGill AirClean LLC 1777 Refugee Road Columbus, OH 43207	☐ McGill AirPressure LLC 1777 Refugee Road Columbus, OH 43207	McGill AirFlow LLC		
McGill AirSeal LLC 2400 Fairwood Avenue Columbus, OH 43207	☐ McGill AirSilence LLC 2400 Fairwood Avenue Columbus, OH 43207			_

Please type or print in ink; you may write if your handwriting is legible. Please include a resume with your application, if you have one, and a copy of your high school or college transcripts.

A. Applicant Agreement

- 1. Truth of Answers: By completing this Application for Employment, I attest that I have a sincere interest in being hired by one of the above listed McGill companies (the Company). My responses to the questions in this application are true, to the best of my knowledge. If any response of a material fact is found to be not true, I consent to the Company's refusal to consider this application, or discharge of me if I am already employed.
- 2. Further Information from Applicant: Before and/or after obtaining employment, I agree to: (a) Promptly furnish any additional information reasonably requested by the Company; (b) Submit to a physical examination and substance abuse screening by a physician selected by the Company; (c) Take tests required by the Company; and (d) Comply with the provisions of the Immigration Reform and Control Act of 1986.
- 3. Further Information from Others: Before and/or after obtaining employment, (a) I authorize any person, firm, corporation or other entity to furnish any information requested by the Company or its agents, except if I specifically indicate that no contact be made with my present employer; (b) I understand that the information requested might include, but not be limited to, my employment, skills, work habits, ability to perform the essential functions of the job for which I have applied or am doing, academic records, criminal records, driving record, credit, bankruptcy proceedings, legal history, character, and reputation; (c) I release, discharge, and hold harmless the Company and its agents, and any party delivering the information pursuant to this authorization, from any liability, claims, charges, costs, or causes of action which I or my heirs, executors, or assigns may have as a result of the delivery, disclosure, nondisclosure or omission of any information in connection herewith; (d) I understand that information about me and my background may be obtained through interviews with others and requests to former employers, law enforcement agencies, academic institutions, credit reporting agencies, financial institutions, governmental agencies and the like; (e) I reserve the right to make a written request about the nature and scope of such investigation as allowed under the Fair Credit Reporting Act; and (f) The Company may provide specific information from my personnel file to other employers, any government agency, or any party with a bona fide interest in that information.
- 4. Employment: If employed, I agree: (a) To sign and abide by the Company's Confidentiality, Noncompetition and Ownership Agreement and Legal Compliance Policy; (b) To comply with the Company's policies and procedures and perform the duties assigned and other related or required duties at the level required; (c) That my employment is at will for no definite period of time and may be terminated at any time by either party, with or without cause; (d) That no Associate of the Company other than its President may enter into an employment agreement on behalf of the Company and that any such agreement by the President must be in writing and signed by the President; (e) That upon termination the Company may withhold from any pay due to me any monies and the value of property that I owe to the Company; and (f) To work a reasonable amount of overtime upon request.
- **5. Validity of Application:** Although United McGill maintains resumes and applications for one year, there is no guarantee, nor does the applicant have the expectation, that the resume or application will be considered for any other positions during those years.

Applica	t—Signature: test
Printed	Name: TEst Cauley
Date:	February 22, 2018

Please note that the McGill companies:

Are drug-free workplace employers and prohibit smoking in any of their buildings.

Hire only U.S. citizens and lawfully authorized alien workers.

Are Equal Opportunity Employers.



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B. Employment Desired

a. Have you ever been employed by the Company b b. If yes, when? From: yr. c. What was your job?	To: mo. yr.								
d. Who was your immediate supervisor? e. Who was the manager? f. Why did you leave?									
a. Have you ever applied to the Company for emplo c. For what job?		b. If yes, when?							
3. a. Are relatives or friends of yours working for the Co b. If yes, please list them here:	ompany? ☐ Yes ☑ N	lo							
Name	Relationship	Job	Location						
☐ Newspaper or other ad☐ Employment ago☐ Recruitment by the Company☐ College recruitment	4. How did you find out about a job opportunity at the Company? (check one) ☐ Newspaper or other ad ☐ Employment agency ☐ Relative or friend ☐ Present employee: ☐ Recruitment by the Company ☐ College recruiting ☐ Internet site ☐ Other:								
5. Position for which you are applying: ${\tt TEst11}$									
6. Do you want to work: ☑ Full time? ☐ Part time	e? (hours per wee	ek) Summer only?							
7. Will you work: Second shift? Yes No	Third shift? ✓ Yes □] No							
8. At what pay do you want to start? \$\$15.00/I	nour or \$	/year							
9. When would you be able to begin working at the Co	mpany? Anytime								
10. May we inquire about you with your present employ	yer? ☐ Yes ☑ No	When?							
11. Please describe your career plans and goals and why you are applying for this job: Gain employment									
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1. a. Name (last, first, middle): $\underline{\mathtt{TEs}}$, $\underline{\mathtt{TEst}}$, $\underline{\mathtt{TEs}}$	t						
b. Prior name, or other names used (for reference	purposes):						
2. Social Security Number: x x x / - x / x -	0 1						
3. Are you lawfully employable full time in the U.S. either	r by U.S. citizenship or by having	the pro	per auth	orization from	the U.S. Gove	ernment? 🗹 Yes	☐ No
4. a. Are you 18 years old or older? ✓ Yes ☐ N	b. If you are under 18, ca	an you	submit	a valid work p	ermit if emplo	oyed? 🔲 Yes	☑ No
5. Present address: (Distance from McGill facility of e	employment: 5 miles.)						
Street	City	State	Zip	Telephone		E-mail	
One Mission Park	Groveport	ОН	43125	614-829-12		itedmcgill.com	
6. How long have you been at your present address?	: Since: mo. yr. 2		_				
7. Permanent address (if different):							
Street	City	State	Zip	Telephone		E-mail	
8. Previous addresses:							
Street	City	State	Zip	Telephone		E-mail	
10. If employed by the Company, whom should we no	otify in case of emergency?	T _F	Relationsh	in son		Telephone : 614-2	03-9649
Address: 5063 Giovanni CT			Colditionion	p . 5011		TOTO PROTOTO : 0 1 1 2	.00 9019
 11. a. Are you willing to travel and be away from home. c. Please comment: 12. a. Are you willing to relocate? Yes No b. If yes, what restrictions are there in time and an 	-				tage of the wo		50%
13. a. What is your means of transportation to work? b. Please list all your valid driver's licenses: state state:, number:, expiration c. Have any of your driver's licenses ever been so d. If yes, please explain:	Own Car B: OH , number: KPC 23451 B: Standard or revoked? ☑ No	, expi ute:	ration: 1 : _, numbe Yes W	1–12–2020 er:_ hen:	, expira	tion:	
 e. Do you have liability insurance on your car? (If 14. (Note: If you are applying for the job in our Bennington a. Have you ever been convicted of a crime? b. If yes, please state the nature of the crime(s), verification. 	,VT location, please do not answer Yes ☑ No	this que	estion. A	criminal record		natic bar to employ	ment)



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D. Employment Record

o. Explain your reasons for leaving:

Please start with your present or most recent employment and describe your employment history, except military, including cooperative programs, part-time jobs,

a. Name of employer: UMC		b. Telephone: 614-829-1275	
c. Business address: One Mission			•
d. Description of business and products: Mai	nufacturing		
e. Dates of employment:	Base salary or wage	Your position or title	Department
Starting: mo. 7 yr. 85 Ending: mo. yr.	Starting: \$11 per year	Director	HR
f. Last increase: mo yr	Ending: \$ 11 per year		
g. Additional income from incentive plan(s): \$	per; please expla	in:	
n. Paid health care benefits: 🔲 Yes 🗹	No Other paid benefits:		
. 🗹 Full time 🔲 Part time: ho	j. How did you obtain this employ	ment? Applied directly	
k. Your immediate supervisor's name and title	(and telephone number and e-mail if not still there): <u>J</u> JM	
I. Other names for references (with title, teleph	none number, and e-mail): Norm Boyer @ Nboyer@untied		
m. What were your duties?: HR			
Explain any supervisory responsibilities you	had: Supervise 2 employees		
o. Explain your reasons for leaving:			
Second most recent employer			
a. Name of employer:			b. Telephone:
c. Business address:			
d. Description of business and products:			
e. Dates of employment:	Base salary or wage	Your position or title	Department
Starting: mo yr Ending: mo yr	Starting: \$ per	<u>'</u>	Зораннон
• 1 1	Ending: \$ per		
T. Last increase: mo yr			
	per; please expla		I
g. Additional income from incentive plan(s): \$	per; please expla		
g. Additional income from incentive plan(s): \$ h. Paid health care benefits: ☐ Yes ☑ 1	per; please expla	in:	
g. Additional income from incentive plan(s): \$ h. Paid health care benefits: ☐ Yes ☑ 1 i. ☐ Full time ☐ Part time: ho	per; please expla	in: /ment?	
g. Additional income from incentive plan(s): \$ h. Paid health care benefits: Yes Y i. Pull time Part time: hc k. Your immediate supervisor's name and title	per; please expla No Other paid benefits: ours per week j. How did you obtain this employ	/ment?	
h. Paid health care benefits: Yes Yes i. Pull time Part time: hc k. Your immediate supervisor's name and title l. Other names for references (with title, telept	per; please explants of the paid benefits: burs per week j. How did you obtain this employ (and telephone number and e-mail if not still there	in: /ment?	



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D. Employment Record—continued

c. From:

a. Name of employer:							b. Telephone:
c. Business address:							•
d. Description of business and prod	ducts:						
e. Dates of employment:		Bas	se salary or	wage	Your posi	tion or title	Department
Starting: mo yr Ending: mo yr		arting: \$		per			
f. Last increase: mo yr	Er	nding: \$		per			
g. Additional income from incentive	plan(s): \$		per	; please explain:			-
h. Paid health care benefits:	Yes 🗹 No	Other paid	benefits:				
i. Full time Part time:	hours pe	er week j.	How did yo	u obtain this employme	nt?		
k. Your immediate supervisor's nan	ne and title (and	telephone nur	mber and e-	mail if not still there):			
I. Other names for references (with	title, telephone r	number, and e	e-mail):				
m. What were your duties?:							
n. Explain any supervisory respons	ibilities you had:						
o. Explain your reasons for leaving	:						
. Other employment							
a. Name of company b. Business address		Dates employed (mo./yr.)	Hours per week	c. Position you held d. Name of supervisor		ase salary or wage when left	Your reasons for leaving
a.	Fro	m: /		C.	\$		
b.	To:	1		d.		r	
a.	Fro	m: /		C.	s		
b.	To:	1		d.	pe		
a. From: / C. \$_							
b. To: / d.				pe	r		
Places account for your time du	ring any into-	alo of unarra	alaymant :	other than these who	n attanding ask	,	
Please account for your time du Dates unemployed (mo./yr.)	No. of weeks	ais oi unem T		d you spend your time?			ow did you finance yourself?
a. From: / To: /	INO. OF WEEKS		i iow all	u you spenu your unie?		П	ow did you illialice yoursell!
a. From: / To: /							



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E. Education Record

If you attended more than two colleges, please put three below, replacing the "High School" column with one of them. Put the high school and other school information on page 7 under "4. Other Schools." Please provide a copy of your high school and college transcripts.

	1. High	School	2. College (or	r other school)	3. College (or other school)		
a. Name of School:	Triad H.S.		BGSU		Central Michig	an University	
b. Location of School:	City: Cable	State: OH	City: BowlingGre	State: OH	City: MT. Pleasa	State: MI	
c. Dates of attendance:			From: mo. 9 yr. 75	To: mo. 5 yr. 79	From: mo. yr.	To: mo. yr.	
			Semester hours:	•	Semester hours:		
d. Credit hours earned:			Trimester hours:		Trimester hours:		
			Quarter hours:		Quarter hours:		
e. Did you graduate?	☑ Yes ☐ No	GED: ☐ Yes ☑ No	Yes No Degree: BAHR	Date: mo. yr.	Yes No Degree: MS Admini	Date: mo. yr.	
f. If you left a school prior to graduating,	NA		bogioo. DAIIX		Admilii		
or dropped out for a time, please explain why.							
g. Grade point average (A transcript will be required.)	Grade point average: 3.8	A Grade = points	Grade point average: 3.23	A Grade = points	Grade point average: 3.2	A Grade = points	
h. Written transcript release on file?	☑ Yes ☐ No		Yes 🔲 No	•	✓ Yes □ No		
i. Major and minor fields of study	Major: College Pr	ep	Major: Human Res	ources	Major: Human Resources		
(Thesis)	Minor:		Minor:		Minor:		
j. Office, honors, and awards	President of Sr. Class, Girls Athlete Association						
k. Extracurricular activities*	Girls Varsity team, volley and track tea	ball team					
I. What work related accomplishment gave you the greatest sense of personal satisfaction?		m., membel					
m. Portion of total education expenses from:			Scholarship (or Grant) Loan % Work 25 % I		Scholarship (or Grant) _ Loan% Work% Fa		

^{*}Note: You are not required to list any activities which would reveal your race, color, gender, national origin, disability, age, or religion.



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E. Education Record—continued

4. Other Schools

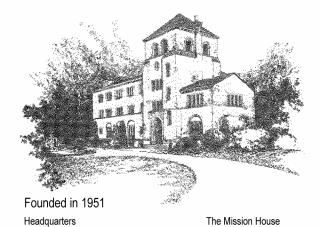
•. Ou	TEL SCHOOLS									
	Type of school	a. Name of school b. Location of school		Dates attended (mo./yr.)		Course	Courses studied		Graduate or complete study?	
		a.			From:	/			☐ Yes	✓ No
		b.			То:	/			Date:	
		a.			From:	/			☐ Yes	☑ No
		b.			То:	1			Date:	_/
5 . Ed	ucational References									
Γ	Name		Position	Sc	chool		Telephone	E-	-mail	
b. f. \ f. \ h. j. A	Special machine skills:	c. Speed No No Yes ✓	d 60 wpm d. 0 g. Name of software No i. Name of sof	Calculator kee: Word ftware:	eyboard? 🔲	Yes	☑ No e. Trans	cribing tape dictation	n? 🗌 Yes	☑ No
a. l d. f. (ofessional Licenses and O Engineer-in-training comp Registered Professional I Other professional license emberships in professiona	oleted? Engineer? s or certific	Yes V No ations: Sr HRCP	e. If yes, St	tate:			License No.((s):	
Soc	ciety of Human Re	esources	Management							



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F. Military Record

1. a. Were or are you in a U.S. military service? ☐ Yes ☑		√No	b. If yes, when?	? From: mo.	m: <u>mo.</u> yr. To: <u>mo.</u> yr.			
	c. Service d. Br	anch:		_ e. Rank on entry	:	f. Rank on separation:		
	g. Principal assignments and duties:							
	h. Education or training received:							
	i. Military honors received:							
2.	Military References							
	Name	Position		School	Telephone		E-mail	



Groveport, OH

Technologies and Products:

Air distribution — ductwork (McGill AirFlow); sealants and adhesives (McGill AirSeal)

Air pollution control — electrostatic precipitators, fabric filters, dry scrubbers, regenerative thermal oxidizers (McGill AirClean)

Pressure processing — autoclaves and vacuum dryers (McGill AirPressure)

Noise control — acoustical panels and silencers (McGill AirSilence)

Plants and Offices	: (8)	Offices:	Laboratories:
Columbus, OH (3)	Bennington, VT	Corporate — Groveport, OH	Westerville, OH
Stockton CA	Grinnell, IA	— Columbus, OH	(airflow and acoustical)
Fountain Inn, SC		 Lithopolis, OH 	
Hillsboro, TX		Sales/engineering — 25 cities	
		(McGill AirFlow)	

The McGill companies are Equal Opportunity Employers.