

Application for Employment

United McGill
Corporation
and affiliated companies

☒ **The McGill Corporation**

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: test

☒ **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.

Applicant—Signature:

Printed Name: test test

Date: 0

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.

Application for Employment

B. Employment Desired

1. a. Have you ever been employed by the Company before? ☐ Yes ☒ No

b. If yes, when? From: mo. yr. To: mo. yr.

c. What was your job? _____

d. Who was your immediate supervisor? _____ e. Who was the manager? _____

f. Why did you leave? _____

2. a. Have you ever applied to the Company for employment? ☐ Yes ☒ No b. If yes, when? _____

c. For what job? _____

3. a. Are relatives or friends of yours working for the Company? ☐ Yes ☒ No

b. If yes, please list them here:

Name	Relationship	Job	Location

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: _____

6. Do you want to work: ☐ Full time? ☐ Part time? (_____ hours per week) ☐ Summer only?

7. Will you work: Second shift? ☐ Yes ☒ No Third shift? ☐ Yes ☒ No

8. At what pay do you want to start? \$ _____/hour or \$ _____/year

9. When would you be able to begin working at the Company? _____

10. May we inquire about you with your present employer? ☐ Yes ☒ No When? _____

11. Please describe your career plans and goals and why you are applying for this job:

C. Personal Information

1. a. Name (last, first, middle): _____
b. Prior name, or other names used (for reference purposes): _____

2. Social Security Number: ____ / ____ / ____

3. Are you lawfully employable full time in the U.S. either by U.S. citizenship or by having the proper authorization from the U.S. Government? ☐ Yes ☒ No

4. a. Are you 18 years old or older? ☐ Yes ☒ No b. If you are under 18, can you submit a valid work permit if employed? ☐ Yes ☒ No

5. Present address: (Distance from McGill facility of employment: _____ miles.)

Street	City	State	Zip	Telephone	E-mail

6. How long have you been at your present address?: Since: mo. _____ yr. _____

7. Permanent address (if different):

Street	City	State	Zip	Telephone	E-mail

8. Previous addresses:

Street	City	State	Zip	Telephone	E-mail

9. a. Are you able to perform the functions of the job for which you have applied? ☐ Yes ☒ No
b. If no, please notify the Personnel Services Department so that accommodations can be explored.

10. If employed by the Company, whom should we notify in case of emergency?

Name:	Relationship:	Telephone:
Address:		

11. a. Are you willing to travel and be away from home at night? ☐ Yes ☒ No b. If yes, maximum percentage of the work week? _____
c. Please comment: _____

12. a. Are you willing to relocate? ☐ Yes ☒ No

b. If yes, what restrictions are there in time and area? _____

13. a. What is your means of transportation to work? _____

b. Please list all your valid driver's licenses: state: _____, number: _____, expiration: _____
state: _____, number: _____, expiration: _____ state: _____, number: _____, expiration: _____

c. Have any of your driver's licenses ever been suspended or revoked? ☒ No ☐ Yes When: _____

d. If yes, please explain: _____

e. Do you have liability insurance on your car? (If required for the position for which you are applying) ☐ Yes ☒ No

14. (Note: If you are applying for the job in our Bennington, VT location, please do not answer this question. A criminal record is not an automatic bar to employment.)

a. Have you ever been convicted of a crime? ☐ Yes ☒ No

b. If yes, please state the nature of the crime(s), when and where convicted, and disposition of the case(s):

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D. Employment Record

Please start with your present or most recent employment and describe your employment history, except military, including cooperative programs, part-time jobs, and summer positions. (We will not contact your present employer without your express permission.)

1. 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. _____	Starting: \$ _____ per _____		
Ending: mo. _____ yr. _____			
f. Last increase: mo. _____ yr. _____	Ending: \$ _____ per _____		
g. Additional income from incentive plan(s): \$ _____ per _____; please explain:			
h. Paid health care benefits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other paid benefits:			
i. <input type="checkbox"/> Full time <input type="checkbox"/> Part time: _____ hours per week		j. How did you obtain this employment?	
k. Your immediate supervisor's name and title (and telephone number and e-mail if not still there): _____			
l. Other names for references (with title, telephone number, and e-mail): _____			
m. What were your duties?: _____			
n. Explain any supervisory responsibilities you had: _____			
o. Explain your reasons for leaving: _____			

2. 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. _____	Starting: \$ _____ per _____		
Ending: mo. _____ yr. _____			
f. Last increase: mo. _____ yr. _____	Ending: \$ _____ per _____		
g. Additional income from incentive plan(s): \$ _____ per _____; please explain:			
h. Paid health care benefits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other paid benefits:			
i. <input type="checkbox"/> Full time <input type="checkbox"/> Part time: _____ hours per week		j. How did you obtain this employment?	
k. Your immediate supervisor's name and title (and telephone number and e-mail if not still there): _____			
l. Other names for references (with title, telephone number, and e-mail): _____			
m. What were your duties?: _____			
n. Explain any supervisory responsibilities you had: _____			
o. Explain your reasons for leaving: _____			

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D. Employment Record—continued

3. Third most recent employer

a. Name of employer:		b. Telephone:	
c. Business address:			
d. Description of business and products: _____			
e. Dates of employment: Starting: mo. _____ yr. _____ Ending: mo. _____ yr. _____	Base salary or wage Starting: \$ _____ per _____	Your position or title	Department
f. Last increase: mo. _____ yr. _____	Ending: \$ _____ per _____		
g. Additional income from incentive plan(s): \$ _____ per _____; please explain:			
h. Paid health care benefits: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other paid benefits:			
i. <input type="checkbox"/> Full time <input type="checkbox"/> Part time: _____ hours per week		j. How did you obtain this employment?	
k. Your immediate supervisor's name and title (and telephone number and e-mail if not still there): _____			
l. Other names for references (with title, telephone number, and e-mail): _____			
m. What were your duties?: _____			
n. Explain any supervisory responsibilities you had: _____			
o. Explain your reasons for leaving: _____			

4. Other employment

a. Name of company b. Business address	Dates employed (mo./yr.)	Hours per week	c. Position you held d. Name of supervisor	Base salary or wage when left	Your reasons for leaving
a.	From: /		c.	\$ _____	_____
b.	To: /		d.	per _____	
a.	From: /		c.	\$ _____	_____
b.	To: /		d.	per _____	
a.	From: /		c.	\$ _____	_____
b.	To: /		d.	per _____	

5. Periods of unemployment

Please account for your time during any intervals of unemployment, other than those when attending school:

Dates unemployed (mo./yr.)	No. of weeks	How did you spend your time?	How did you finance yourself?
a. From: / To: /			
b. From: / To: /			
c. 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 other school)		3. College (or other school)	
a. Name of School:						
b. Location of School:	City:	State:	City:	State:	City:	State:
c. Dates of attendance:			From: mo. yr.	To: mo. yr.	From: mo. yr.	To: mo. yr.
d. Credit hours earned:			Semester hours:		Semester hours:	
			Trimester hours:		Trimester hours:	
			Quarter hours:		Quarter hours:	
e. Did you graduate?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	GED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date: mo. yr.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date: mo. yr.
			Degree:		Degree:	
f. If you left a school prior to graduating, or dropped out for a time, please explain why.						
g. Grade point average (A transcript will be required.)	Grade point average:	A Grade = _____ points	Grade point average:	A Grade = _____ points	Grade point average:	A Grade = _____ points
h. Written transcript release on file?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
i. Major and minor fields of study (Thesis)	Major:		Major:		Major:	
	Minor:		Minor:		Minor:	
j. Office, honors, and awards						
k. Extracurricular activities*						
l. What work related accomplishment gave you the greatest sense of personal satisfaction?						
m. Portion of total education expenses from:			Scholarship (or Grant) _____ % Loan _____ % Work _____ % Family _____ %		Scholarship (or Grant) _____ % Loan _____ % Work _____ % Family _____ %	

*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

Type of school	a. Name of school b. Location of school	Dates attended (mo./yr.)	Courses studied	Graduate or complete study?
	a.	From: /		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b.	To: /		Date: ____/____
	a.	From: /		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b.	To: /		Date: ____/____

5. Educational References

Name	Position	School	Telephone	E-mail

6. Special Skills (If required for the job for which you are applying)

a. Foreign language(s): Read _____ Write _____ Speak _____

b. Typing: ☐ Yes ☒ No c. Speed _____ wpm d. Calculator keyboard? ☐ Yes ☒ No e. Transcribing tape dictation? ☐ Yes ☒ No

f. Word processing: ☐ Yes ☒ No g. Name of software: _____

h. Spreadsheet software: ☐ Yes ☒ No i. Name of software: _____

j. Apprenticeship or similar training? _____

When? _____ Where? _____

k. Special machine skills: _____

l. Other training programs: _____

7. Professional Licenses and Certification

a. Engineer-in-training completed? ☐ Yes ☒ No b. If yes, State: _____ c. Date: _____

d. Registered Professional Engineer? ☐ Yes ☒ No e. If yes, State: _____ License No.(s): _____

f. Other professional licenses or certifications: _____

g. Memberships in professional organizations (Organizations which reveal race, ethnicity, gender, religion, disability, or age need not be listed):

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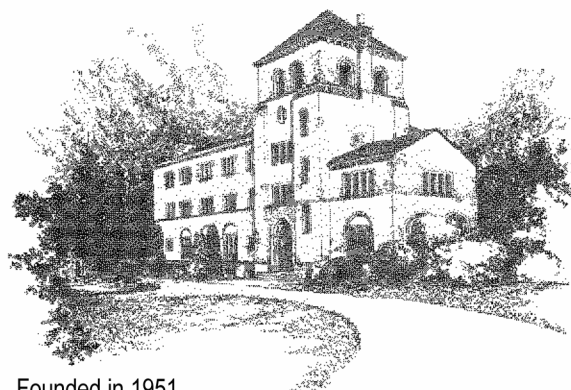
United McGill
Corporation
and affiliated companies

F. Military Record

1. a. Were or are you in a U.S. military service? ☐ Yes ☒ No b. If yes, when? From: mo. _____ yr. _____ To: mo. _____ yr. _____
c. Service _____ d. Branch: _____ 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



Founded in 1951

Headquarters

The Mission House
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)

Columbus, OH (3) Bennington, VT
Stockton CA Grinnell, IA
Fountain Inn, SC
Hillsboro, TX

Offices:

Corporate — Groveport, OH
 — Columbus, OH
 — Lithopolis, OH
Sales/engineering — 25 cities
(McGill AirFlow)

Laboratories:

Westerville, OH
(airflow and acoustical)

The McGill companies are Equal Opportunity Employers.