



600 Independence Parkway, Suite 105
Chesapeake, VA 23320
757-410-0233 (o) 757-410-7809 (f)

EMPLOYMENT APPLICATION

Date of Application	
Position Applied For	
Name of Individual Who Referred You	

PERSONAL INFORMATION

Full Name			
Address			
Home Phone		Cell Phone	
Email			

Have you worked for The McHenry Management Group before? Yes No

If yes, when? _____

If hired, can you provide proof of identity and eligibility to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

EDUCATION INFORMATION

Name	Address	Major	Years Attended	Degree
High School				
College				
Technical or Vocational				

Any Advanced Degree(s), Additional Training, Courses, and/or Certifications:



EMPLOYMENT HISTORY

List in sequence all employers beginning with present/most recent, include military experience and apprenticeships. Explain any gaps in employment and if additional space is needed, please attach addition sheet(s) to this application.

Most Recent Employer		Reason For Leaving	
Name: Address: Telephone: ()			
Dates Employed		Salary	
Month/Year:	Month/Year:	Starting:	Ending:
Job Title		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Immediate Supervisor Name: Title:		May We Contact this Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Summary (Summarize the nature of the work and list your job responsibilities)			

Previous Employer		Reason For Leaving	
Name: Address: Telephone: ()			
Dates Employed		Salary	
Month/Year:	Month/Year:	Starting:	Ending:
Job Title		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Immediate Supervisor Name: Title:		Can We Contact this Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Summary (Summarize the nature of the work and list your job responsibilities)			



EMPLOYMENT HISTORY (CONTINUED)

Previous Employer		Reason For Leaving	
Name: Address: Telephone: ()			
Dates Employed		Salary	
Month/Year:	Month/Year:	Starting:	Ending:
Job Title		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Immediate Supervisor Name: Title:		Can We Contact this Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Summary (Summarize the nature of the work and list your job responsibilities)			

Previous Employer		Reason For Leaving	
Name: Address: Telephone: ()			
Dates Employed		Salary	
Month/Year:	Month/Year:	Starting:	Ending:
Job Title		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Immediate Supervisor Name: Title:		Can We Contact this Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Summary (Summarize the nature of the work and list your job responsibilities)			



REFERENCES

Please provide names of individuals we may contact to verify your qualifications for the position:

Professional Reference 1	
Name	Title
Organization	Relationship
Address	Phone Business () Home () Cell ()

Professional Reference 2	
Name	Title
Organization	Relationship
Address	Phone Business () Home () Cell ()

Professional Reference 3	
Name	Title
Organization	Relationship
Address	Phone Business () Home () Cell ()

Professional Reference 4	
Name	Title
Organization	Relationship
Address	Phone Business () Home () Cell ()



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APPLICANT CERTIFICATION

I hereby certify that all statements made in this application (and accompanying resume) are true and complete. I understand that any false or misleading statement on this application constitutes sufficient grounds for dismissal, if hired. I further certify that I may lawfully be employed in this country and, if employed, will provide required documentation to verify identity and employment eligibility. In addition, in making this application for employment, I understand that The McHenry Management Group may investigate my employment and educational records. I hereby authorize my current and/or former employer(s) and school(s) to furnish the information requested by The McHenry Management Group.

Signature of Applicant: _____ Date: _____

BACKGROUND INVESTIGATION

It is the intent of The McHenry Management Group to keep all information received during a background investigation private and confidential. Please read and sign the statement below authorizing The McHenry Management Group to verify past employment, education, information given on this application, and procure a consumer report and/or investigative consumer report.

“I hereby agree to have the President/Owner of the Company his designee or any agent of the company contact anyone necessary to investigate or verify any information I have given on this application, to obtain a consumer report and/or investigative consumer report, or to discuss my background, past performance, or my suitability for employment. I also understand that the information I supply will be checked and that any false statement or omission of fact or facts in connection with this Application for Employment will result in no offer of employment or dismissal from the Company if I am already employed.”

Signature of Applicant: _____ Date: _____

NOTICE

If a reasonable accommodation is needed for the interview process, please contact Jennifer Trybus at (757) 410-0233 or jtrybus@tmmg.us.com.