

Employment Application

**PERSONAL INFORMATION**

First Name Middle Initial Last Name

  

Phone Email

 

Address 1



Address 2



City State Zip Code

  

Are you 18 years of age or older?

 Yes  No

Valid Driver's License?

 Yes  No

If yes, License #



Issued by State of



Can you, after employment, verify your legal ability to work in the United States?

 Yes  No

Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?

 Yes  No

If “Yes” describe in full



How did you hear about this position (website, newspaper, etc.)?



**EMPLOYMENT DESIRED**

Position



Date you can start Click or tap to enter a date.

Salary desired



**EDUCATION**

High School & Location Years Completed Grade Average

  

College/University & Location Major or Degree Years Completed

  

Graduate School & Location Major or Degree Years Completed

  

Vocational/Business School & Location Major or Degree Years Completed

  

Other Studies & Location Years Completed Grade Average Major or Degree

   

Any Certifications:



Subjects of special study, research work, graduate assistantships, part-time, and any other notable accomplishments you feel would enhance your qualifications for this position:



**EMPLOYMENT HISTORY**

**Company Name #1** Job Title Supervisor

  

Address City State Zip Code

   

Dates Employed: From Click or tap to enter a date.

Dates Employed: To Click or tap to enter a date.

Starting Wage Ending Wage

 

Employer Phone



May we contact this employer for a reference? Reason for Leaving

Yes No 

Duties/Responsibilities



**Company Name #2** Job Title Supervisor

  

Address City State Zip Code

   

Dates Employed: From Click or tap to enter a date.

Dates Employed: To Click or tap to enter a date.

Starting Wage Ending Wage

 

Employer Phone



May we contact this employer for a reference? Reason for Leaving

Yes No 

Attach Resume if additional employers are needed.

**MILITARY**

Did you serve in the U.S. Armed Forces?

 Yes  No

If “Yes,” in what Branch?



From Click or tap to enter a date.

To Click or tap to enter a date.

Rank at Discharge Type of Discharge

 

If other than honorable, please explain



Describe any training received relevant to the position for which you are applying.



**PHYSICAL RECORD**

Do you have any physical limitations that preclude you from performing any work for which you are being considered?



If yes, what can be done to accommodate your limitation?



**ADDITIONAL INFORMATION**

Membership in professional and civic organizations, special accomplishments, awards, etc.



**REFERENCES**

Name Address Phone Title

   

Name Address Phone Title

   

Name Address Phone Title

   

**APPLICANT CONFIRMATION**

Please read and understand this statement before checking the box below:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete, or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

\*I will be subject to pre-employment drug testing prior to employment. I may be subject to drug testing during my employment at any time.

\* Due to guidelines set-up by our insurance company, all new hires are subject to a driving record check. If any of the following are found during this check, it will result in immediate dismissal from employment. Applicants must not have been convicted of a felony involving the use of a motor vehicle; a crime using drugs; driving under the influence of drugs or alcohol; or hit-and-run driving that resulted in injury or death; reckless driving or high incident of traffic violations. In some cases, if the applicant has 5 years of a clear record from reinstatement of a driver’s license, a clearance will be given by the insurer for driving privileges. All drivers must be able to read and speak English well enough to read road signs, prepare reports, and communicate with law enforcement officers and the public. By signing the bottom of this form, I agree to a driving record verification.

I fully understand and accept all terms and conditions in the above statement.

Please save and e-mail to **HR@cityairmechanical.com****.**