

Contractors, Inc.

APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

Employment with Harrelson Mechanical Contractors, Inc. is offer "at will" and is contingent on proof of employment eligibility under immigration regulations. A physical exam which includes a urine test to detect drug use is required upon applicant's written consent.

PERSONAL INFORMATION

DATE _____

NAME _____ SOC SEC # _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NO. _____ ARE YOU 18 YEARS OR OLDER? YES ☐ NO ☐

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

HOW DID YOU LEARN OF OUR ORGANIZATION _____

EDUCATION

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	NO. YEARS COMPLETED	DEGREE OR DIPLOMA	DID YOU GRADUATE
COLLEGE					
HIGH SCHOOL					
ELEMENTARY					
OTHER					

OTHER SPECIAL TRAINING OR SKILLS _____

MILITARY

FOR AFFIRMATIVE ACTION PURPOSES ONLY, PLEASE CHECK IF YES:

☐ SPECIAL DISABLED VETERAN ☐ VIETNAM ERA VETERAN

BRANCH OF SERVICE _____ PERIOD OF ACTIVE DUTY (MM/YY) FROM _____ TO _____

RANK AT DISCHARGE _____ DATE OF DISCHARGE _____

DESCRIBE DUTIES OR SPECIAL TRAINING: _____

EMPLOYMENT HISTORY - PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT HISTORY. START WITH PRESENT OR MOST RECENT EMPLOYER.

COMPANY NAME _____	TELEPHONE # _____
ADDRESS _____	EMPLOYED FROM _____ TO _____
NAME OF SUPERVISOR _____	WEEKLY PAY: START _____ LAST _____
STATE YOUR JOB TITLE AND DESCRIBE YOUR WORK: _____	REASON FOR LEAVING _____
COMPANY NAME _____	TELEPHONE # _____
ADDRESS _____	EMPLOYED FROM _____ TO _____
NAME OF SUPERVISOR _____	WEEKLY PAY: START _____ LAST _____
STATE YOUR JOB TITLE AND DESCRIBE YOUR WORK: _____	REASON FOR LEAVING _____
COMPANY NAME _____	TELEPHONE # _____
ADDRESS _____	EMPLOYED FROM _____ TO _____
NAME OF SUPERVISOR _____	WEEKLY PAY: START _____ LAST _____
STATE YOUR JOB TITLE AND DESCRIBE YOUR WORK: _____	REASON FOR LEAVING _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

ARE YOU A U.S. CITIZEN ? YES ☐ NO ☐ If no, do you posses an Alien Registration Card? YES ☐ NO ☐

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST 7 YEARS? YES ☐ NO ☐
IF YES, DESCRIBE IN FULL _____

DO YOU HAVE A VALID DRIVER LICENSE? _____ WHAT STATE? _____ LICENSE # _____

ANY TRAFFIC VIOLATION IS THE PAST 7 YEARS? _____ IF SO, PLEASE LIST _____

DATE OF BIRTH _____ IF HIRED, EMPLOYMENT IS SUBJECT TO A DEPARTMENT OF MOTOR VEHICLES REPORT

**** YOU WILL NOT BE DENIED EMPLOYMENT SOLELY BECAUSE OF A CONVICTION RECORD, UNLESS THE OFFENSE IS RELATED TO THE JOB FOR WHICH YOU HAVE APPLIED ****

DO YOU HAVE ANY PHYSICAL, MENTAL OR MEDICAL IMPAIRMENT OR DISABILITY THAT WOULD LIMIT YOUR JOB PERFORMANCE FOR THE POSITION FOR WHICH YOU ARE APPLYING?
YES ☐ NO ☐ IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER FILED A CLAIM UNDER WORKER'S COMPENSATION? YES ☐ NO ☐
IF YES, PLEASE EXPLAIN _____

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or Veteran status.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be ground for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice. I also understand that I am to abide by all rules and regulations of the company.