

EMPLOYMENT APPLICATION

NAME: _____ PHONE NO: _____

ADDRESS: _____
LAST FIRST MIDDLE INITIAL

SOC. SEC. NO. _____ REFERRED BY: _____
STREET CITY STATE/ZIP

POSITION DESIRED: _____ DATE YOU CAN START: _____

SKILLS AND LICENSES: _____

EMPLOYMENT RECORD – List last three employers, current employer first

MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: TO:				
FROM: TO:				
FROM: TO:				

May we contact previous employers? Yes No If no, state reason _____

REFERENCES – List the names, addresses & phone numbers of three people not related to you

NAME	ADDRESS & PHONE NO.	OCCUPATION	YEARS KNOWN

Do you have any physical or health limitations or any previous injury that could effect your performance in any way or prevent you from performing any aspect of the work for which you are being considered? Yes No If yes, please detail what, when, where and how: _____

Driver's License No. _____ State _____ List any restrictions _____

Has your license ever been revoked or suspended? Yes No If yes, please give details on back of application.

Have you been convicted of any traffic violations or been involved in an accident during the last five years? Yes No If yes, please give details on back of application.

In case of emergency notify:

NAME	ADDRESS	PHONE NO.	RELATIONSHIP

I certify that this application was completed by me and that all information provided is true and complete to the best of my knowledge. I hereby authorize MB Mechanical Contractors, or any agency they may employ, to investigate any and all information provided in this application or any subsequent employment form. I understand that misrepresentation of the information I have provided, or the omission of any information requested, will be cause for dismissal should employment be offered. I further understand that employment, should it be offered is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any previous notice.

DATE: _____ SIGNATURE: _____

DRIVING RECORD DETAILS:

If license has been revoked or suspended, please indicate when, where and why - _____

List all traffic violations or accidents during the last three years

DATE	CITY AND STATE	BRIEF DESCRIPTION OF TRAFFIC VIOLATION OR ACCIDENT

Please do not write below this line



FOR OFFICE USE ONLY

DATE OF INITIAL CALL OR INTERVIEW _____ BY _____
NAME OF INTERVIEWER

NOTES ON INTERVIEW: _____

____ REFERENCES ____ DRIVING RECORD ____ EMPLOYMENT PACKAGE

START DATE: _____ POSITION: _____ SALARY: _____ / HOUR

DATES OF FOLLOW-UP CALLS OR INTERVIEWS AND NOTES: _____

