

SURE MECHANICAL, LLC

Number _____

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

POSITION(S) APPLIED FOR:		DATE OF APPLICATION:	
HOW DID YOU HEAR ABOUT US? (CHECK ONE)			
ADVERTISEMENT _____		FRIEND _____	
WALK-IN _____		EMPLOYMENT AGENCY _____	
RELATIVE _____		OTHER _____	
LAST NAME		FIRST NAME	MIDDLE NAME
ADDRESS NUMBER		STREET	APT.
CITY		STATE	ZIP
TELEPHONE NUMBER(S)		SOCIAL SECURITY NUMBER:	
HOME:		CELL:	
BEST TIME TO CONTACT YOU AT HOME: _____ : _____ AM / PM (CIRCLE ONE)			
IF YOU ARE UNDER THE AGE 18, CAN YOU PROVIDE REQUIRED PROOF OF ELIGIBILITY TO WORK? YES ___ NO ___			
HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? IF YES, GIVE DATE _____ YES ___ NO ___			
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? IF YES, GIVE DATE _____ YES ___ NO ___			
DO ANY OF YOUR FRIENDS OR RELATIVES, OTHER THAN SPOUSE, WORK HERE? YES ___ NO ___			
IF YES, STATE NAME, RELATIONSHIP AND LOCATION _____			
ARE YOU CURRENTLY EMPLOYED? YES ___ NO ___			
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ___ NO ___			
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES ___ NO ___			

PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT.

DATE AVAILABLE FOR WORK: ____/____/____		WHAT IS YOUR DESIRED SALARY RANGE? _____	
ARE YOU AVAILABLE TO WORK:			
____ FULL TIME (PLEASE INDICATE 1ST / 2ND / 3RD SHIFT _____)			
____ PART TIME (PLEASE INDICATE MORNINGS / AFTERNOON / EVENINGS) _____			
____ TEMPORARY (PLEASE INDICATE DATES AVAILABLE) ____/____/____, ____/____/____			
____ CONTINGENT			
ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES ___ NO ___			
CAN YOU TRAVEL IF THE JOB REQUIRES IT? YES ___ NO ___			
WE ARE AN EQUAL OPPORTUNITY EMPLOYER			

EDUCATION	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA DEGREE
HIGH SCHOOL				
UNDERGRADUATE COLLEGE				
GRADUATE/ PROFESSIONAL				
OTHER (SPECIFY)				

WORK EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, DISABILITIES OR OTHER PROTECTED STATUS.

EMPLOYER:	DATES EMPLOYED	WORK PERFORMED
ADDRESS:	FROM ___/___/___	
TELEPHONE:	TO ___/___/___	
STARTING/PRESENT JOB TITLE:	HOURLY RATE/ SALARY	
SUPERVISOR:	STARTING \$	
REASON FOR LEAVING:	FINAL \$	MAY WE CONTACT? YES ___ NO ___
EMPLOYER:	DATES EMPLOYED	WORK PERFORMED
ADDRESS:	FROM ___/___/___	
TELEPHONE:	TO ___/___/___	
STARTING/PRESENT JOB TITLE:	HOURLY RATE/ SALARY	
SUPERVISOR:	STARTING \$	
REASON FOR LEAVING:	FINAL \$	MAY WE CONTACT? YES ___ NO ___
EMPLOYER:	DATES EMPLOYED	WORK PERFORMED
ADDRESS:	FROM ___/___/___	
TELEPHONE:	TO ___/___/___	
STARTING/PRESENT JOB TITLE:	HOURLY RATE/ SALARY	
SUPERVISOR:	STARTING \$	
REASON FOR LEAVING:	FINAL \$	MAY WE CONTACT? YES ___ NO ___

COMMENTS: INCLUDE ANY GAPS IN EMPLOYMENT.

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS AND EXTRA-CURRICULAR ACTIVITIES.

DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION

OTHER QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment or other experiences.

SPECIALIZED SKILLS (SKILLS AND EQUIPMENT OPERATED)

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Photo Shop | <input type="checkbox"/> Spreadsheet | Production/Mobile Machinery (list) / Other

_____ |
| <input type="checkbox"/> Art Pro | <input type="checkbox"/> Word Processing | |
| <input type="checkbox"/> Illustrator | <input type="checkbox"/> PC/MAC | |
| | <input type="checkbox"/> WPM | |

State any additional information you feel may be helpful to us in considering your application.

PERSONAL / PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone number	Best time to call	Occupation

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWER'S GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.
THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 45 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.
I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.
IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SIGNATURE OF APPLICANT

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW Yes ___ No ___

REMARKS _____

INTERVIEWER

DATE

EMPLOYED Yes ___ No ___ DATE OF EMPLOYMENT _____

JOB TITLE _____ DEPARTMENT _____

HOURLY RATE/SALARY _____

By _____

NAME AND TITLE

DATE

NOTES

