

ACTION MECHANICAL

1985

PLUMBING HEATING & AIR APPLICATION FOR EMPLOYMENT

All statements and questions are to be completed; the answers will be confidential.

1. PERSONAL INFORMATION			
Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Home Phone	Cell Phone	Email Address	

2. EDUCATION AND SKILLS – Give record of highest level of school attended.	
Institution (Name, Address, City, State)	Years Attended
Field of Study	Certification(s) or Degree(s)
SKILLS:	

3. WORK EXPERIENCE – Give full employment record, beginning with most recent employer.		
Company Name	Address	Phone Number
Dates of Employment	Job Title	Salary
Reason for Leaving		May we contact this Employer?
Company Name	Address	Phone Number
Dates of Employment	Job Title	Salary
Reason for Leaving		May we contact this Employer?

Company Name	Address	Phone Number
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Reason for Leaving		May we contact this Employer?
Company Name	Address	Phone Number
Dates of Employment	Job Title	Salary
Reason for Leaving		May we contact this Employer?

4. REFERENCES – Give the names and addresses of persons who know you (NOT RELATIVES)	
Name	Phone #
Years Known	Business Relationship
Name	Phone #
Years Known	Business Relationship
Name	Phone #
Years Known	Business Relationship

5. EMPLOYMENT DESIRED		
Position Applied For	Available Start Date	Desired Salary
Are you related to anyone at the Company?	Name and Relationship	
Have you been employed by the Company or its affiliates previously?		
If YES, please complete the following:	Company	Dates of Employment
Department/Title	Supervisor	Reason for Leaving

6. RELEASE AND CONSENT

Applicant please read the following carefully before signing:

I hereby voluntarily and without duress agree to all the following terms by initialing each statement. Any term listed below not in compliance with applicable laws will be void, but in no way affects, any other terms or conditions.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ Pursuant to the Immigration Reform and Control Act of 1986, all applicants upon hire must produce documents, which are specified by the Federal Government, establishing their identity and authorization for employment in the United States. These documents must be provided to a designated employer representative no later than seventy-two (72) hours after commencement of employment. New employees will be required to complete and sign Form 1-9 (issued by the Federal Government) verifying under oath employment authorization on the first day of employment.

_____ I certify that the information provided on this Application and any other materials submitted to support this application are correct and complete. I understand and agree that any false statements or material omissions may disqualify me from further consideration for employment or may result in termination of employment in the future. I also understand that I am obligated to update the information provided by me in my application if it changes.

_____ I authorize the **COMPANY** to investigate my background and qualifications, including but not limited to educational, employment, military, DMV, and criminal backgrounds, for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that the **COMPANY** may also utilize outside firms (inclusive of state agencies if applicable) to perform such background checks and I specifically authorize such an investigation by information services, outside entities and/or state agencies determined to be appropriate in **COMPANY**'s sole discretion. I further agree to cooperate in such investigation and I release from all liability and responsibility the **COMPANY**, its affiliates, directors, officers, employees, and agents and all other persons or entities requesting and/or supplying information for the investigation. I understand that I may withhold my permission and

that in such case, no investigation will be performed, and my application for employment will not be processed further.

_____ According to the Fair Credit Reporting Act, I will be notified by authorized representative of **COMPANY**, if employment is denied because of information obtained from a consumer reporting agency background investigation.

_____ Additionally, I understand that if requested in writing, within 60 days I will be given a full and accurate disclosure as to the nature and substance of all information provided to **COMPANY**. I further understand that residents of California will automatically receive a copy of the report within 7 days of its delivery to the employer. I understand that residents of all other states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined above.

_____ I understand that it is the policy of **COMPANY** to conduct controlled substance abuse urine specimen testing for job applicants for the purpose of detecting controlled substance abuse. I further understand that one of the requirements for consideration of employment is the satisfactory passing of a drug test. I agree and consent to submit to this test as part of the regular pre-employment screening conducted by **COMPANY**, and I understand that a favorable test result does not automatically guarantee that I will receive employment.

_____ I hereby expressly grant consent to **COMPANY**, supervisor and the performance/ diagnostic clinic, along with their employees, agents, officers and directors, to release to **COMPANY** the results of said urine specimen testing, so that I may qualify for such employment consideration. Furthermore, I hereby expressly give the Clinic the right to dispose of any urine sample presented to them that appears to be adulterated, and to contact the employer immediately. I also understand that controlled substance abuse urine specimen testing is not an exact science, and I hereby expressly release and hold harmless the performance and diagnostic clinic for any false positives or false negatives that my appear in said testing.

_____ I understand that if not hired for this position, I am free to check back the company periodically to review other open positions. By signing this application I also understand that I must have reliable transportation to and from work.

Signed: _____ Date: _____