



EMPLOYMENT APPLICATION

Active for 90-days

DATE: _____

NAME: _____

Social Security # _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

PHONE: _____ CELL _____

NOTICE: This application is to evaluate your qualifications for employment and IS NOT an employment contract. If offered, employment is strictly on "at will" basis, which means your employment may be terminated by you or Elite Mechanical at any time for no reason, or any reason not prohibited by law. All questions are to be answered appropriately and accurately. False or misleading information or statements given on this form or in the interview are grounds for terminating the application process or if discovered after employment, termination. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

POSITION APPLYING FOR: _____ RATE OF PAY REQUESTED: \$ _____

FULL TIME PART-TIME TEMP DATE AVAILABLE: _____

EDUCATION

HIGH SCHOOL : _____ YEAR LAST COMPLETED: _____ GRADUATE? _____

COLLEGE: _____ YEAR LAST COMPLETED: _____ DEGREE? _____

OTHER (specify) _____

JOB RELATED SKILLS: Do not fill out any section you do not believe to be job related.

Do you have a valid driver's license? _____ Driver's License #: _____

State of Issue: _____ Type: _____ Endorsements: _____

Moving Violations in last 3-years: _____

Other skills, licenses or certifications that are job related:

Have you been given a job description or had the job requirements explained to you? YES _____ NO _____

Do you understand the requirements? YES _____ NO _____

SECURITY

Have you been convicted of a felony and/or served time for a felony in the past 7-years? YES _____ NO _____

If yes, please give details: _____

Have you used any other name besides the one listed on this page? YES _____ NO _____

Please list: _____

EMPLOYMENT HISTORY

NOTE: Your application will not be considered unless every question in this section is answered. Since we will contact previous employers, correct phone numbers of past employers is critical.

List most recent employer first.

DATES OF EMPLOYMENT: FROM: _____ TO: _____ REASON FOR LEAVING: _____
 COMPANY NAME: _____ SUPERVISOR: _____
 ADDRESS: _____ PHONE: _____
 BEGINNING WAGE: \$ _____ ENDING WAGE: \$ _____ JOB TITLE: _____
 DESCRIBE WORK YOU DID: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____ REASON FOR LEAVING: _____
 COMPANY NAME: _____ SUPERVISOR: _____
 ADDRESS: _____ PHONE: _____
 BEGINNING WAGE: \$ _____ ENDING WAGE: \$ _____ JOB TITLE: _____
 DESCRIBE WORK YOU DID: _____

DATES OF EMPLOYMENT: FROM: _____ TO: _____ REASON FOR LEAVING: _____
 COMPANY NAME: _____ SUPERVISOR: _____
 ADDRESS: _____ PHONE: _____
 BEGINNING WAGE: \$ _____ ENDING WAGE: \$ _____ JOB TITLE: _____
 DESCRIBE WORK YOU DID: _____

REFERENCES

Please include individuals familiar with your work ability. Do not include relatives.

NAME	PHONE	YEARS KNOWN	RELATIONSHIP

CERTIFICATION, RELEASE AND ADR

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment including use in the company facilities, vehicles, jobsites, and customer locations. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I agree to mediate in good faith any issue which arises concerning my hiring, my employment or termination from employment.

SIGNATURE: _____ DATE: _____