



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Applying for: _____ Date of Application: _____

How did you learn about the position?

Name: _____
First Name Middle Initial Last Name

Have you been known by any other name? _____

Current Home Address: _____
Street City County
State Zip

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email Address: _____

On what date would you be available for work? _____

Desired Wage \$ _____

PRIOR ADDRESS INFORMATION

If you have lived less than 5 Years in your current location please list additional addresses:

Address City County State Zip

Address City County State Zip

Address City County State Zip

Driver's License #: _____ State: _____ Expiration Date: _____ Class: _____

Professional License (Title): _____ License #: _____

Date Obtained: _____ Date Expires: _____

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

If currently attending classes, what is your class schedule?

What days/hours are you available for work?

Are you obligated to perform work for any other employer or are you enlisted in the armed forces requiring special commitments of schedule of work?

Have you signed a non-compete or any other document(s) that would affect your employment with L&S Mechanical?

EMPLOYMENT

(Most Recent First)

1. Employer: _____ Job Title: _____

Dates Employed Beginning Date: _____ End Date: _____

Prior Position Held within Company (if any): _____

Address

City

State

Zip

Phone: _____ Job Title: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Duties performed:

Reason for Leaving:

2. Employer: _____ Job Title: _____

Dates Employed Beginning Date: _____ End Date: _____

Prior Position Held within Company (if any): _____

Address

City

State

Zip

Phone: _____ Job Title: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Duties performed:



Reason for Leaving:

3. Employer: _____ Job Title: _____

Dates Employed Beginning Date: _____ End Date: _____

Prior Position Held within Company (if any): _____

Address City State Zip

Phone: _____ Job Title: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Duties performed:

Reason for Leaving:

4. Employer: _____ Job Title: _____

Dates Employed Beginning Date: _____ End Date: _____

Prior Position Held within Company (if any): _____

Address City State Zip

Phone: _____ Job Title: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Duties performed:

Reason for Leaving:

5. Employer: _____ Job Title: _____

Dates Employed _____ Beginning Date: _____ End Date: _____

Prior Position Held within Company (if any): _____

Address

City

State

Zip

Phone: _____ Job Title: _____ Supervisor: _____

Starting Wage \$ _____ Ending Wage \$ _____

Duties performed:

Reason for Leaving:

REFERENCES

List 5 Business References: (Prefer business references and direct managers)

1. Name: _____ Phone: _____

Relationship to you: _____

2. Name: _____ Phone: _____

Relationship to you: _____

3. Name: _____ Phone: _____

Relationship to you: _____

4. Name: _____ Phone: _____

Relationship to you: _____

5. Name: _____ Phone: _____

Relationship to you: _____

BACKGROUND/LEGAL

Have you ever been convicted of any violation other than a minor traffic violation? Yes ____ No ____
If so, provide the date of the incident and detailed information:

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____ If yes, please describe the circumstance:

Have you ever been involuntarily terminated or asked to resign from any position of employment? Yes ____ No ____
If yes, please describe the circumstances:

Have you ever filed a worker's compensation claim? Yes ____ No ____
If so, when and described the circumstances:

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes ____ No ____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers 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.

It is the intent of L&S Mechanical to provide a safe and drug-free work environment for our customers and our employees. With this goal in mind, employment applicants are subject to a pre-employment drug screen and/or random drug testing while employed with the Company.

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



BACKGROUND CHECK AUTHORIZATION FORM

First, Middle & Last Name: _____		SSN: _____ - _____ - _____	
Current Home Address: _____			
Street	City & State	Zip Code	
How long have you lived at your current address? _____ Provide previous address if less than 5 years			
Previous Home Address: _____			
Street	City & State	Zip Code	
Date of Birth: _____	Driver's License Number: _____	State: _____	
Have you ever been convicted of a crime other than minor traffic offenses? Yes _____ No _____			
If yes, please provide an explanation: _____			
Location & Year of Offense: _____		Offense Type (misdemeanor, felony, etc): _____	
<small>*This information is required in order to conduct an accurate criminal background search and will not be used as criteria in the hiring process as described by the age discrimination act of 1967*</small>			

In connection with my application and/or continued employment, (including contract services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history and credit history may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I release L&S Mechanical and any other person and/or agencies from any suits, liens, judgments, damage and or/liability resulting from this process. The above information is used solely for inquiries and criminal history checks. Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicants Signature: _____

Applicants Printed Name: _____ Date: _____

Fair Credit Reporting Act Notification You have the right to receive a copy of your consumer credit report should one be requested for employment reasons. By checking this box, I request a free copy of the report