

Application for Employment

SK Mechanical, LLC

PLEASE PRINT

Position(s) Applied For _____ Date of Application ____ / ____ / ____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-In Private Employment Agency Other _____

Name of Source (If Applicable) _____

Name _____ Date of Birth ____ / ____ / ____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number ____ - ____ - ____

If necessary, the best time to call you at home is _____ a.m. p.m.

May we contact you at work? Yes No

If yes, work number and best time to call (____) _____ a.m. p.m.

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, give date: ____ / ____ / ____

Have you ever been employed here before? Yes No If yes, give dates: From ____ / ____ / ____ To ____ / ____ / ____

In Emergency, (contact names, relation, phone): _____

Are you legally eligible for employment in this country? Yes No (Proof of U. S. Citizenship or immigration status will be required upon employment)

Date you are available for work: ____ / ____ / ____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall? Yes No

Will you relocate if the job requires it? Yes No Will you travel if the job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No Have you ever been bonded? Yes No

Have you been convicted of a felony in the last seven (7) years? Yes No

If Yes, please explain: _____

Such a conviction may be relevant if job related, but does not bar you from employment.

Driver's license number (if job related) _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

Please list your last four (4) employers, assignments or volunteer activities, starting with the most recent, including any military experience. Explain any gaps in your employment in the comment section below.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
		FROM	TO	
ADDRESS				
TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	Per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		Summarize the nature of the work performed and job responsibilities:
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TITLE		HOURLY RATE/SALARY STARTING		
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REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (Including explanation of any gaps in employment) _____

Skills and Qualifications Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company. _____

Educational Background (If job related)

A. List the last three (3) schools you attended, starting with the most recent. **B.** List the number of years you completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major and minor field of study.

A. School	B. No. Years Completed	C. Degree/Diploma	D. GPA/Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three (3) business/work references who are not related to you and are not previous supervisors. If not applicable, list three (3) school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

For Personnel Department Use Only

Position(s) applied for..... Available Not Available

Other positions considered for: _____

Hired Yes No Date of Hire _____ / _____ / _____

Position hired for _____

EEO classification _____

- | | | |
|---------------------------|----------------------------|------------------------------|
| 1. Officials and Managers | 4. Sales | 7. Operatives (semi-skilled) |
| 2. Professionals | 5. Office and Clerical | 8. Laborers |
| 3. Technicians | 6. Craft Workers (skilled) | 9. Service Workers |

Notes _____

Completed by _____ Date _____ / _____ / _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant _____ Date ____/____/____

