



MECHANICAL, INC.
 1711 PORT DRIVE, BURLINGTON, WA 98233
 PH: (360) 757-6909 FX: (360) 757-6919

APPLICATION FOR EMPLOYMENT

Section 1. Employee Information

Last Name	First	Middle Initial	Social Security Number
Home Address	City	State Zip	Phone Number
Position Applying For			Desired Salary
Type of Employment Desired Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>			Date Available for Work
Can you work overtime?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Can you travel if your position requires it?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever applied with this company before?		Yes <input type="checkbox"/> No <input type="checkbox"/>	When: _____
Can you provide proof that your are at least 18 years of age?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you appying for a position that requires you to drive a company		Yes <input type="checkbox"/> No <input type="checkbox"/>	License: _____ State: _____
Are you legally authorized to work in the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Note: Proof of Eligibility for employment will be required as aof employment condition of employment
Have you every been convicted of a felony?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answare 'yes' to the above question, please explain.			

Section 2. Employment History

Dates	Employer Name/Address	Supervisor/Phone	Wage	Duties	Reason for Leaving
From			Starting		
To			Ending		
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>					
From			Starting		
To			Ending		

Section 3. Business References/Friends and Family not applicable

Name	Business/Title	Address and Phone	Relationship	Yrs Acuaninted

Section 3. Education/Skills

Institution	Name and Location of School	Years Completed	Subjects Studied and Degree Received
High School		1 2 3 4	
College		1 2 3 4	
Trade		1 2 3 4	

List other skills, licenses or certificates you hold. _____

How Did You Hear About Our Company?

Advertisement Web Site Agency Name: _____
 School Phone Inquiry Employee Referral Name: _____

Certification and Authorization: Please read carefully.

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate this company to hire me or offer me a job.
 Permission is hereby granted to any school, person, firm or corporation whether my former employer or otherwise, to give this company any relevant information that may be required to arrive at an employment decision. I hereby release this company, its officers, employees, representatives or agents from any and all liability and/or damage incurred by myself in obtaining such information.

I Understand that as a matter of company policy, my employment and compensation shall continue so long as mutually agreeable, and may be terminated by the company or me without cause or notice. No policy or statement by any company representative (other than formal agreement signed by an officer of the Company) is to be considered a contract of employment, whether expressed or implied, for any specific period of time or upon continuing term.

This company reserves the right to use any method of investigation which, in its sole discretion, it deems reasonable and necessary to determine whether any employee has engaged in conduct warranting disciplinary action. As a condition of employment, if hired, I agree to cooperate in any such investigation. As a condition of my employment, I voluntarily agree to cooperate in submitting to any blood or urine tests requested by the company as well as any searches of my person or property while employed by the company, and I recognize that refusal to cooperate in such tests or searches would be grounds for discipline, including termination.

I understand that if I hired, the company due to any misrepresentation, misinformation, or inaccuracy of the statement contained herein may terminate my employment. I authorize the company to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, or documents pertaining to my background and business experience as required by the company. If hired, I agree to conform to the rules and regulations of this company. I also attest that I am authorized to work in the United States. I understand this application will remain inactive for 30 days. If I have not been hired by that date, I must renew my application to be considered for future employment.

I ACKNOWLEDGE _____
 Date