

# APPLICATION FOR EMPLOYMENT

## (PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

<b>PERSONAL INFORMATION</b>				DATE	
NAME				Email ADDRESS	
LAST		FIRST		MIDDLE	
PRESENT ADDRESS					
STREET		CITY		STATE ZIP	
PERMANENT ADDRESS					
STREET		CITY		STATE ZIP	
PHONE NO.		MARITAL STATUS: M <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>		ARE YOU 18 YEARS OR OLDER? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>EMPLOYMENT DESIRED</b>					
POSITION			DATE YOU CAN START		SALARY DESIRED
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>			IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>			WHEN?		
REFERRED BY					
<b>EDUCATION</b>	NAME AND LOCATION OF SCHOOL	NO OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	
GRAMMAR SCHOOL					
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
<b>GENERAL</b>					
SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK					
SPECIAL SKILLS					
ACTIVITIES: (CIVIC, ATHLETIC, ETC.)					
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATE THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.					
U.S. MILITARY OR NAVAL SERVICE		RANK		PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES	

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST.)				
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				
WHICH OF THESE JOBS DID YOU LIKE BEST?				
WHAT DID YOU LIKE MOST ABOUT THIS JOB?				
<b>REFERENCES:</b> GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.				
NAME	ADDRESS	BUSINESS	PHONE	YEARS ACQUAINTED
1				
2				
3				
IN CASE OF EMERGENCY NOTIFY	NAME	ADDRESS		PHONE NO.

To be considered for employment with United Mechanical, please read the following statement. If you agree, please sign and date where indicated.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY.

I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN AN OFFICER, AND THEN ONLY WHEN IN WRITING AND SIGNED BY AN OFFICER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT WITH UNITED MECHANICAL FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_