



MECHANICAL INC.

## Application For Employment

Please print or type.  
The application must be fully  
completed to be considered.  
Please complete each section,  
even if you attach a resume.

### Personal Information

Name

Address	City	State	Zip
Phone Number	Email Address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If selected for employment are you willing to a pre-employment drug screening test? Yes <input type="checkbox"/> No <input type="checkbox"/>			

### Position

Position you are applying for	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		
Are willing to work overtime if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are you willing to work weekends if needed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can you travel if the job requires it? Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Education

School Name	Location	Years Attended	Degree Received	Major

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

## Employment History

<b>Employer (1)</b>	Job Title and/or Duties		
Work Phone	Dates Employed	Starting Pay Rate	Ending Pay Rate
Address	City	State	Zip
<b>Employer (2)</b>	Job Title and/or Duties		
Work Phone	Dates Employed	Starting Pay Rate	Ending Pay Rate
Address	City	State	Zip
<b>Employer (3)</b>	Job Title and/or Duties		
Work Phone	Dates Employed	Starting Pay Rate	Ending Pay Rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title and/or Duties		
Work Phone	Dates Employed	Starting Pay Rate	Ending Pay Rate
Address	City	State	Zip
<b>Employer (5)</b>	Job Title and/or Duties		
Work Phone	Dates Employed	Starting Pay Rate	Ending Pay Rate
Address	City	State	Zip

**List or describe any experience or attributes you have that may apply to the position you are applying for:**

## References (business and professional only)

Name	Title	Company	Phone and/or Email

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.