

EMPLOYMENT APPLICATION

MOSBY MECHANICAL CO., INC.

Please print or type all answers completely.

Position applied for: _____ Date: _____

Name: _____ Soc. Sec. No. _____ - _____ - _____
Last First Middle

Present Address: _____
Number and Street

_____ City County State Zip Code

Phone: Home: _____ Other: _____
Area Code Number Area Code Number

Birth Date: _____ Are you a United States Citizen? Yes No

Have you served in the United States Armed Forces? Yes No If yes, state Branch of Service: _____

Highest Rank: _____ Dates Served: From: _____ to _____

Are you presently a member of the active reserves? Yes No

Circle Highest Grade Completed: 0-7 8 9 10 11 12				Did you Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> Year:				
Type of School	School Name, City and State	Type of Diploma or Degree Awarded	Major Field	Grade Average	Dates Attended			
					From		To	
					Month	Year	Month	Year
Last High School Attended:								
Colleges Attended:								
Other: (Military, Trade, Business, Secretarial, etc.)								
Awards:								
Foreign Languages Spoken or Read:	Clerical/Machines: Computer: _____ Word Processor: _____ Ten Key: _____ Other: _____ Skills: Typing: _____ wpm Shorthand: _____ wpm Other: _____							

Employment History

Give your employment history, including part time and summer jobs.

Name of Employer: _____	From: Mo: ____ / Yr: ____ To: Mo: ____ / Yr: _____
Address: _____	Salary: Beginning \$ _____ (per month)
_____	Salary: Present: \$ _____ (per month)
Phone: Area Code/Number: _____	Name and Title of Supervisor: _____
Job Title: _____	_____
Reason(s) for Leaving: _____	_____
_____	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your duties: _____	

Name of Employer: _____	From: Mo: ____ / Yr: ____ To: Mo: ____ / Yr: _____
Address: _____	Salary: Beginning \$ _____ (per month)
_____	Salary: Ending: \$ _____ (per month)
Phone: Area Code/Number: _____	Name and Title of Supervisor: _____
Job Title: _____	_____
Reason(s) for Leaving: _____	_____
_____	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your duties: _____	

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Phone: Area Code/Number: _____	Name and Title of Supervisor: _____
Job Title: _____	_____
Reason(s) for Leaving: _____	_____
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_____	Salary: Ending: \$ _____ (per month)
Phone: Area Code/Number: _____	Name and Title of Supervisor: _____
Job Title: _____	_____
Reason(s) for Leaving: _____	_____
_____	May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
Describe your duties: _____	

References

Name two (2) persons not related to you who can comment on your education and/or work experience.			
Full Name	Complete Home Address	Occupation	Phone
	-----		Office: _____ Home: _____
	-----		Office: _____ Home: _____

Name two (2) persons not related to you who can comment on your character.			
Full Name	Complete Home Address	Occupation	Phone
	-----		Office: _____ Home: _____
	-----		Office: _____ Home: _____

Have you ever been subject to a conviction, deferred adjudication, probation, supervised release, or community supervision for or pled no contest to a: felony? Yes No DUI or DWI? Yes No misdemeanor (other than routine traffic violations) Yes No

Are you a registered sex offender? Yes No

If your answer to any of the above is "Yes," please provide specific details on a separate page. A conviction may not disqualify you, but a false statement will.

Do you have vehicular transportation? Yes No If yes, what type: _____

Current Driver's License # (if required for position) _____
State Number

Do you have current automobile insurance? Yes No If your answer is "No," are you insurable? Yes No

Please list any relatives by blood or marriage presently employed by Mosby Mechanical Co., Inc.

Name	Relationship	Position at Company

Space for Detailed Answers to other Questions:
Write in Left Column Number to Which Answers Apply

Item No.	(If more space is required, please attach an additional sheet utilizing the same format)

General Information

Each applicant must meet requirements of the position including the successful completion of any drug test, medical examination, confidential investigation or submission of any documents that may be deemed necessary by the Company. By signing this application, I consent to all necessary background checks or tests requested by the Company before hiring and after employment begins including, without limitation, reference checks, pre-employment drug screen, consumer reports and/or investigative consumer reports about me from a consumer reporting agency. I understand that these consumer reports might include, but are not limited to, a search of my criminal background, my prior employment, my educational background, reference checks, driving record checks and verification of my identification and Social Security number.

I understand that the Company may use such consumer reports for employment purposes, including, but not limited to, hiring, promotion, retention, and termination. I also understand that I have rights under the Fair Credit Reporting Act. If the Company, obtains a consumer report about me, and if the Company considers any information in the consumer report when making an employment decision that directly or adversely affects me, I will be provided a copy of the consumer report before the decision is finalized. I may also contact the Federal Trade Commission about my rights under the Fair Credit Reporting Act.

Certificate of Applicant

I certify that I have read, personally completed, and fully understand this application form in its entirety and that the information I have given is true and complete to the best of my knowledge. I agree to follow the rules and regulations of the Company. I understand that if I am hired my employment and compensation can be modified or terminated with or without cause and with or without notice, at any time, at either my option or the option of the Company. I understand that no supervisor or representative of the Company has any authority to enter into any contract of employment with me for any specified period of time, or to make any agreement contrary to the foregoing. I understand that should any statement I have made prove to be false, misleading or erroneous, it may result in the rejection of my application or discharge from employment with the Company.

Signature of Applicant

Date Signed