



APPLICATION FOR EMPLOYMENT

Applicants will receive consideration without regard to race, color, sex, religion, age, national origin, disability, gender, ethnicity, veteran or marital status, in accordance with applicable federal, state, and local laws.

Personal Information

Full legal last name	Full legal first name	Middle	Date
Street address			Phone (1)
City, County, State, Zip			Phone (2)
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month/Year _____	Position desired		Social Security Number
Driver's License #	Tag #	Pay expected (<i>MUST FILL IN</i>)	
Mechanic Applications: Must possess strength and stamina. Able to lift heavy equipment, work in confined spaces, able to perform usings hands and body requiring endurance, climbing ladders or scaffolds to access and install HVAC systems. Are you physically able to perform the job you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
When will you be available to begin work?			Are you available to work holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work in this country/USA? <input type="checkbox"/> Citizen <input type="checkbox"/> Green Card Holder <input type="checkbox"/> US work permit/Visa <input type="checkbox"/> Permanent Resident			Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony or act of dishonesty, breach of trust or moral turpitude, such as misdemeanor petty theft, burglary, fraud, writing bad checks and other related crimes within the last five (7) years? * If yes, please explain <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Conviction of a crime will not necessarily disqualify you from the job for which you are applying. Each conviction will be considered with respect to time, job relatedness and other relevant factors.</i>			
Do you have other special training or skills (languages, machine operation, etc.)? Please explain			

Who were you referred by?:

☐ Newspaper ☐ Truck ☐ Employee _____ ☐ Internet ☐ Other _____

Days Available		Sun	Mon	Tue	Wed	Thur	Fri	Sat	Tot.hrs.
Hours Available	From								
	To								

PLEASE WRITE IN ABOVE THE HOURS YOU ARE AVAILABLE TO START AND END THE DAY

Education

School	Name and Location	Course of Study	# of years completed	Did you Graduate?	Degree or diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History *Please complete the following up to five years or more. If more employment history, use next page.***1**

Company Name and Mailing Address		Phone
Job Title	Name of Supervisor	Employed (Month and Year) From To
Describe your work		Weekly Pay Start End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving

2

Company Name and Mailing Address		Phone
Job Title	Name of Supervisor	Employed (Month and Year) From To
Describe your work		Weekly Pay Start End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving

3

Company Name and Mailing Address		Phone
Job Title	Name of Supervisor	Employed (Month and Year) From To
Describe your work		Weekly Pay Start End
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving

Applicant's Signature (please read and sign below)

I declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if employed, any falsification, mis-statement or omission of fact in connection with my application, whether in this document or not, may result in immediate termination of employment.

I authorize the references listed above to give you any and all information concerning my previous or current employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing the same to you.

I acknowledge that employment may be conditional upon successful completion of a Substance Abuse screening test as a part of the Company's pre-employment policy.

I acknowledge that if I become employed, I will be free to terminate my employment at any time for any reason and ECM retains the same rights. No ECM representative has the authority to make any contrary agreement.

I understand it is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal and/or civil liabilities.

Signature_____
Date**NOTICE TO APPLICANTS AND EMPLOYEES**

Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

Employment History (continued)

4	Company name and mailing address		Phone
Job Title		Name of Supervisor	Employed (Month and Year) From To
Describe your work		Weekly Pay Start End	
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving	
5	Company Name and Mailing Address		Phone
Job Title		Name of Supervisor	Employed (Month and Year) From To
Describe your work		Weekly Pay Start End	
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving	
6	Company Name and Mailing Address		Phone
Job Title		Name of Supervisor	Employed (Month and Year) From To
Describe your work		Weekly Pay Start End	
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving	
7	Company name and mailing address		Phone
Job Title		Name of Supervisor	Employed (Month and Year) From To
Describe your work		Weekly Pay Start End	
May we contact this employer? If not, why not? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving	

Professional References

Please list THREE professional references:
(current/previous managers, supervisors and/or co-workers)

NAME

COMPANY

PHONE #/ EMAIL

1. _____

2. _____

3. _____

Please verify if you do not want us to contact your current employer. All references will be checked before the offer of employment is issued.

Background Check — Prior to employment

VEHICLE FLEET SAFETY POLICY GENERAL NOTICE OF INTENT TO OBTAIN YOUR DRIVING RECORD FROM THE DEPARTMENT OF MOTOR VEHICLE

You are hereby notified that **SOUTHEAST MECHANICAL SERVICE**, (the “company”) will request a report from the department of Motor Vehicle, to be used for the purpose of reviewing your historical driving record. This report can be done at any time prior to or during your employment.

AUTHORIZATION TO OBTAIN DRIVING RECORD FROM THE DEPARTMENT OF MOTOR VEHICLE

(Please read carefully)

I authorize the Company to conduct a background check on my driving record and to obtain Department of Motor Vehicle Report(s), which I authorize the Company to obtain from our corporate insurance carrier agency at any time prior to or during my employment. I authorize such information to be released from any agency or business to the Company. A copy of this authorization will serve as a valid document.

Date

Signature

Print Name (first, middle, last)

Social Security Number & D.O.B.

Driver License Number, Type and State(s) of Issue

Complete address

EMPLOYER TO MAINTAIN ORIGINAL AND PROVIDE SIGNED COPY TO APPLICANT/EMPLOYEE.

GENERAL INFORMATION

1. Have you ever used another name? Is any additional information relative to name changes, use of an assumed name, or nickname necessary to enable a check on your work and educational record? ☐ Yes ☐ No

2. If yes to either of the above, explain:

3. Do you have friends and/or relatives working for this company? ☐ Yes ☐ No

If yes, name(s) and relationship(s): _____

4. If hired, do you have a reliable means of transportation to and from work? ☐ Yes ☐ No

5. Can you travel overnight (South Florida) if the position requires it? ☐ Yes ☐ No

6. If hired, can you present evidence of your identity and legal right to work in this country? ☐ Yes ☐ No

7. Describe the main reason you left your prior company:

8. Describe your skills, experience and background:

9. What brands of HVAC equipment do you have experience with?

10. List All certifications & Licenses:

Applicant Statement

I certify that all the information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 45 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal Immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____ / _____ / _____