



# MIDWESTERN MECHANICAL APPLICATION FOR EMPLOYMENT

FEDERAL LAW OBLIGATES US TO PROVIDE REASONABLE ACCOMODATION OF THE KNOWN DISABILITIES OF APPLICANTS AND EMPLOYEES, UNLESS TO DO SO WOULD POSE AN UNDUE HARDSHIP. PLEASE FEEL FREE TO LET US KNOW IF YOU NEED AN ACCOMODATION TO COMPLETE THE APPLICATION PROCESS OR TO PERFORM ANY ESSENTIAL ELEMENTS OF THE POSITION SOUGHT.

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex (including pregnancy, gender identity and sexual orientation), parental status, national origin, age, disability, family medical history or genetic information, military service or any other prohibited basis of discrimination, as provided under applicable state and federal law.

**PLEASE PRINT**

Date of Application: \_\_\_\_\_ Position(s) Applying For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency  Other: \_\_\_\_\_

Name of Referral: \_\_\_\_\_

=====

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number/Street City State Zip Code

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

=====

Have you filed an application here before?  Yes  No If Yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you prevented from lawfully becoming employed in this country?  Yes  No

*If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.*

On what date would you be available to work? \_\_\_\_\_ Expected salary: \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Temporary  Summer What Days? S M T W T F S

Would you be willing to work on projects out of town?  Yes  No

Are you on lay-off and subject to recall?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No (Conviction will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

List professional, trade, business, or civic activities and offices held. (You may exclude those which indicate race, color, disability, age, religion, sex or national origin):

---



---



---

Give name, address and telephone number of three references who are not related to you:

---



---



---

**EDUCATION:**

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate race, color, religion, sex, disability or national origin.

School Name	Elementary	High School	College/University	Graduate/Professional
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4 5+
Diploma/Degree				
Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities	Name: Location: Length of Course: Was Course Completed: Subject: General:			

Honors received: \_\_\_\_\_

---

Special skills and qualifications, including those acquired from employment or other experiences: \_\_\_\_\_

---



---



---

List the machines you can operate: \_\_\_\_\_

---



---



---

**EMPLOYMENT EXPERIENCE:**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude names which indicate race, color, religion, sex, disability, or national origin.

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone: (     )     )	Hourly Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone: (     )     )	Hourly Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone: (     )     )	Hourly Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone: (     )     )	Hourly Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			

Employer:	Dates Employed		Work Performed
Address:	From	To	
Phone: (     )	Hourly Rate/Salary		
Job Title:	Starting	Final	
Supervisor:			
Reason for Leaving:			

If you need additional space, please continue on a separate sheet of paper.

=====

State any additional information you feel may be helpful to us in considering your application. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

=====

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations providing such information, either in writing or orally. I also indemnify this Company against any liability which might result from making such investigations.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, employment agency, or other party, with an interest that the Company deems appropriate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



As part of our investigation in connection with your application for employment, we may obtain consumer reports to prepare an investigative consumer report. The investigative report may consist of contacting all listed prior employers to verify your employment history. It may also include, but is not limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. & 1681 et seq., before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.



Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. & 1681 et seq., the American with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Midwestern Mechanical, Inc. to obtain a consumer report and/or an investigative consumer report, which may include the following: my employment records, driving history records, criminal history, credit history, civil record, workers' compensation (post-offer only), drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted with or who may have knowledge concerning any such items of information. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as iiX, from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provisions of the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I understand a copy of this report may be obtained from iiX located at 1716 Briarcrest Drive, Suite 200, Bryan, Texas 77802. Their telephone number is (800) 683-8553.

I hereby authorize iiX to obtain and prepare a consumer report as set forth above, as part of its investigation of my employment application on behalf of my employer. I agree that a copy of this authorization has the same effect as an original. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Applicant Full Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issue