

APPLICATION FOR EMPLOYMENT

FEDERAL LAW PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, RELIGION, DISABILITY, SEX OR NATIONAL ORIGIN, AS WELL AS DISCRIMINATION ON THE BASIS OF AGE AGAINST PERSONS BETWEEN THE AGE OF 40 AND 65 INCLUSIVE. SOME STATE AND CITY LEGISLATION PROHIBITS DISCRIMINATION BECAUSE OF AGE, MATITAL STATUS, SEXUAL PREFERENCE, RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN. CUSULT COMPENTNET COUNSEL FOR FUTHER INTERPRETATION.

PLEASE PRINT AND FILL IN ALL BLANKS

Date _____

PERSONAL

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security No. _____

Drivers License No. _____ State Issued _____ Expiration Date _____

Salary Desired \$ _____ Are you at least 16 years old? Yes No U.S. Citizen? Yes No

If hired, can you provide proof that you are eligible to work in the U.S.? Yes No

EMPLOYMENT DATA

Are you seeking: Temporary Part Time Full Time

What position are you applying for? _____

Are you available to work any shift? Yes No

Are you available to work weekends? Yes No

How did you hear about Vermont Mechanical? _____

Have you ever been convicted of, or have you pled Guilty or No Contest (Nolo Contendere) to, a felony offense of any type or misdemeanors involving theft or assault within the past 7 years? Yes No

On parole? Yes No

If yes, please state the nature of the offense and disposition of the charges. NOTE: Felony convictions and the existence of a criminal record does not constitute an automatic bar to employment.

EDUCATION

Please circle highest level attained.

High School 9 10 11 12 GED

School Name and Location: _____

College 1 2 3 4 5 6

School(s) Name and Location: _____

MILITARY SERVICE

Are you a veteran? Yes No If yes, give dates of service: From _____ To _____

Special skills or training: _____

WORK HISTORY			
<i>Please list your last 4 employers beginning with the most recent.</i>			
1. Company	Phone	From Month Year	To Month Year
Address			
Job Title		Supervisor's Name and Title	
Give specific reason for leaving:		Starting Salary:	Ending Salary:
2. Company	Phone	From Month Year	To Month Year
Address			
Job Title		Supervisor's Name and Title	
Give specific reason for leaving:		Starting Salary:	Ending Salary:
3. Company	Phone	From Month Year	To Month Year
Address			
Job Title		Supervisor's Name and Title	
Give specific reason for leaving:		Starting Salary:	Ending Salary:
4. Company	Phone	From Month Year	To Month Year
Address			
Job Title		Supervisor's Name and Title	
Give specific reason for leaving:		Starting Salary:	Ending Salary:

May we contact the employers listed above? Yes No If not, tell us which one(s) you do not wish contacted:

How many jobs have you had in the last 10 years? _____

I authorize this company to make an investigation of all information contained in this application for employment and I release from liability all companies and corporations supplying such information. I understand that any omissions of fact, false answers, statements or implications made by me on the application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the company from all liability for supplying any information concerning my employment to any potential employer. I authorize the company, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative report they deem necessary through various third party sources. Upon my formal written request, within a reasonable period of time, I will be notified as to the nature and scope of such investigation. I realize I hereby agree to submit to any drug test that may be required of me; whether, prior to my employment upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition that is job related, I hereby authorize the limited release and exchange of such medical information relating to my condition between the treatment provider and a company designated physician. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the company may change wages, benefits and conditions at any time. My employment is at will. I further agree to submit any dispute arising from my employment with the company to arbitration for resolution. I have read and understand the above.

Applicant's Signature: _____ Date: _____

PLEASE BE SURE ALL SECTIONS HAVE BEEN COMPLETED AND YOU HAVE SIGNED AND DATED THE APPLICATION BEFORE SUBMITTING IT FOR REVIEW.