

Application for Employment

Vermont Mechanical Inc. is an equal opportunity employer committed to excellence thru diversity. All qualified applicants will receive consideration for employment

Please print or type and complete each section. If you are attaching a resume, you do not need to complete the employment section.

Name		Date:	
Address	City	State	Zip
Phone number	Email address		
If hired, can you provide proof that you are legally eligible to work in the US? Yes _____ No _____	Are you a veteran? Yes _____ No _____ Branch: Years of Service:		

If selected for employment, are you willing to submit to a background check? Yes _____ No _____

How did you hear about us?
Radio ____ **Internet ad** ____ **Friend** ____ **Truck advertising** ____ **Website** ____ **Other:** _____

Have you ever worked for Vermont Mechanical before? Yes _____ No _____ If yes, when?

Do you know anyone who works for our company? Yes _____ No _____ If yes, who?

Position

Position you are interested in	Available start date	Desired pay
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Are you available to work weekends? Yes _____ No _____

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only) We will only conduct a reference check upon job offer.

Name	Title	Company	Phone

Employment History

Employer (1)	Job title		Dates employed
Work phone			
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone			
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone			
Address	City	State	Zip
Employer (4)	Job Title		Dates employed
Work phone			
Address	City	State	Zip

Any special skills, training or certifications:

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. 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.

Name (please print)	Signature
Date	