Eastern Mechanical Services, Inc. Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)	Date of Application:_		
Position(s) applied for:			
Referral Source: Advertisement Frience Employment Agency Other	I ☐ Relative	☐ Walk-in	
Name:			
Last	First		Middle
Address: Number Street	City	State	Zip Code
Telephone () Area Code	-		
E-mail address:			
Have you lived outside of Connecticut in the last 7 years	ears? Yes No	If Yes, what State _	
If employed and you are under 18, can you furnish a	work permit? Yes	☐ No	
Have you filed an application here before?	☐ No If Yes, give o	late:	
Have you ever been employed here before? ☐ Yes	□No If Yes, give o	late:	
_	contact your present e]No
Are you prevented from lawfully becoming employed Immigration Status? Yes No (Proof of employment.)	l in the country becaus citizenship or Immigra		quired upon
On what date would you be available for work?			
Are you available to work Full-time Part-t	ime Shift-work	Temporary	
Are you on a lay-off and subject to recall?			
Can you travel when the job requires it?			

*A pre-condition of hire are satisfactory results obtained from drug, substance abuse and fitness tests/examination performed by a qualified medical practitioner.

1. Employer	Telephone ()	Dates From	Employed To	Work Performed
Address				
Job Title				
Supervisor				
Reason for leaving				
2. Employer	Telephone ()	Dates From	Employed To	Work Performed
Address				
Job Title				
Supervisor				
Reason for leaving				
3. Employer	Telephone ()	Dates From	Employed To	Work Performed
Address				
Job Title				
Supervisor				
Reason for leaving				
4. Employer	Telephone ()	Dates From	Employed To	Work Performed
Address				
Job Title				
Supervisor				
Reason for leaving				

If you need additional space	, ple	ase	cont	inue	on a	separate sheet of p	paper.	
Special Skills and Qualificati	ons							
Summarize special skills and	qua	lific	atior	ns ac	quire	ed from employmen	t or other experience	
-								
Education								
		Εlє	emer	ntary	,	High	College/University	Graduate/Professional
School Name								
Years completed	4	5	6	7	8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree								
Describe course study								

Describe specialized training, apprenticeship, skills, extracurricular activities

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature o	f Applicant_		Date				
		For I	Personnel Departmen	t Use Only			
rrange Intervie							
					Interviewer	Date	
Employed	Yes	☐ No	Date of Employmen	nt			
Job Title			Hourly Rate/ Salary	Department_			
		Ву					
			Name and Title		Date		