# Email to tbarmeier@mechanicalsupply.com or fax to (636) 343-0144

### **Application for Employment**



Last Name:	First Name:	Middle Initial:
Address:	City:	State: Zip:
Phone: ()	Cell: <u>(</u> )	Email:
Position(s) applied for:		Date of Application:
If necessary, best time to contact ( ) Home ( ) Cell	you is:	Will you work overtime if required? ( ) Yes ( )No
May we contact you at work? ( If yes, work number ()  If you are under 18 and it is requir furnish a work permit? () Yes  Have you submitted an applicatio () Yes () NoDate:	red, can you ( )No n here before?	Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation?  This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be address at a later stage to the extent permitted by law.  ( ) Yes ( )No ( ) Need more info.
Have you ever been employed he		Driver's license number required if driving may be required in the job for which you are applying State:
Are you legally eligible for employ country? ( ) Yes ( )No	ment in this	Have you ever been bonded? ( ) Yes ( )No
Date available for work: What is you desired salary range of \$ Per	or hourly pay?	Answering yes to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
Type of employment desired? ( ) Full Time ( ) Part Time ( ) Seasonal ( ) Temporar	/	Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? ( ) Yes ( )No If yes, explain:
Will you relocate if required? ( Will you travel if required? ( ) Y	) Yes ( )No es ( )No	Have you entered into an agreement with any former employer or other party (such as a non-
Can you meet the attendance req ( ) Yes ( ) No	uirements?	compete agreement) that might, in any way, restrict your ability to work for our company?  ( ) Yes ( )No

# **Employment History**

## Starting with your most recent employer, provide the following information.

Employer:	Phone(	)	Dates employed:
Address:	City:	State:	/to/
Starting/final job title:			Compensation (Starting)
Immediate supervisor name/title:			\$ <u>per</u>
Why did you leave?			Compensation (Final)
Summarize type of work performed	<b>:</b>		\$per
			Commission or other comp.
What did you like most about the po	osition?		
			\$
What did you like least?			
Employer:	Phone <u>(</u>	)	Dates employed:
Address:	City:	State:	/to/
Starting/final job title:			Compensation (Starting)
Immediate supervisor name/title:			\$per
Why did you leave?			
Summarize type of work performed	:		Compensation (Final)
			\$per
What did you like most about the po	osition?		Commission or other comp.
, 22 2			\$
What did you like least?			
what did you like least:			

Employer:			_ Phone <u>()</u>		Dates 6	employed:
Address:		_ City:	Sta	te:	/_	to/
Starting/final job title	:				Compe	nsation (Starting)
Immediate supervisor	name/title:					per
Why did you leave? _						
Summarize type of wo	ork performed:					nsation (Final)
						per
What did you like mo	st about the po	sition?				ission or other comp
					\$	
What did you like leas	t?					
·						
Explain any gaps in yo	our employme	nt. other	than those due to	personal illne	ss. iniurv o	r disability.
						·
If not addressed on p	revious page,	have you	ever been fired or	asked to resig	gn from a jo	ob?( )Y N( )
If yes, please explain:		-			-	
yes, p.ease exp.a						
Shill and Qualificati						
Skill and Qualificati	ons					
( ) Word		(	) HVAC			
( ) Excel		(	) EPA License			(Which Type)
( ) Presentations		(	) Sales			(What Products)
( ) E-Mail		(	) Customer Servi			(Explain)
						-
References						
Name	Title	Re	elationship to You	Phone	#	of Years Known
			,			

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### **Educational Background**

#### Starting with your most recent school attended, provide the following information.

School (Include City/State)	Years Completed	GPA	Degree/Certificate	Major/Minor

Social Security Number	<u>-</u> _	<u>-</u> _		_		
We will use this information o	าly for employ	ment purpo	ses and mak	e reasonable effoi	rts to safeguard	d your privacy.

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct. I expressly authorize, without reservation, 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 truthful and non-defamatory information, in a lawful manner, in the employment process and all other person, corporations or organizations for furnishing such information about me.

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

I understand this application remains current for only 30 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 for me 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 with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or 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 authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

The company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an application from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability or other protected status under applicable federal, state or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as vendor or customer). The company takes all complaints of harassment seriously and all complaints will be investigated thoroughly. 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) eliminate me from further consideration for employment, or (ii) may result in immediate discharge from the employer's service, whenever it is discovered.

#### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

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