



M E C H A N I C A L S Y S T E M S

PLUMBING-HEATING-COOLING CONTRACTOR

194 MERROW ROAD

AUBURN, ME 04210

Application For Employment

Nason Mechanical Systems is an Equal Opportunity Employer. We do not discriminate on the basis of race, creed, color, national origin, sex, age, or physical or mental handicap.

Last Name	First	Middle	Date of Application	
Address	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number	

Position(s) Applied For	Date You Can Start	Salary Desired	
How Did You Hear About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other _____		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Circle Yes or No

Have you ever filed an application with us before? Circle Yes or No
If Yes, give date _____

Are you currently employed? Circle Yes or No
If Yes, may we contact your current employer? Circle Yes or No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Circle Yes or No

***Proof of citizenship or immigration status may be required upon employment**

Education				
	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA/ DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				

List any licenses held relevant to the position you are applying for.

Describe any specialized training, apprenticeship, and skills.

Describe any job-related training received in the United States military.

List interest & hobbies:

Professional References

List the names of 3 people not related to you whom you have known at least 1 year.

Name	Phone Number	Business	Years Acquainted
1.			
2.			
3.			

In case of Emergency notify:

Name	Address	Phone Number	Relationship

EMPLOYMENT

Start with your present or most recent employer.

(You need only account for the last 10 years of your employment history.)

Company Name	Telephone
Address	Hourly pay: Start End
Immediate Supervisor	Employed- (month / year) From To
Job Title and Duties	Reason for leaving (DO NOT LEAVE BLANK)
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name	Telephone
Address	Hourly pay: Start End
Immediate Supervisor	Employed- (month / year) From To
Job Title and Duties	Reason for leaving (DO NOT LEAVE BLANK)
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICANT'S STATEMENT

I certify all information I have provided within this application is true and complete.

I understand that if I am employed, my employment may be terminated if it is discovered that I falsified, omitted, or misrepresented information in my application or interview.

In consideration of my employment, I agree to conform to the Company's rules and regulations. I also agree that my employment may be terminated at any time, with or without cause or notice, by the Company or myself.

I understand and agree that the terms and conditions of my employment may be changed at any time, with or without cause or notice, by the Company.

I understand only the President of the Company has the authority to enter into any agreement for employment for a specific period of time, or to make any agreement contrary to the statements made herein. I further understand, any agreement made by the President must be in writing to be acknowledged.

If extended an offer of employment, I consent to undergo a pre-placement physical examination by a health professional selected by the Company. I understand that any offer of employment is conditioned upon the results of this post-offer examination.

Signature:

Date: