



Tebarco Mechanical Corporation "Application For Employment"

Tebarco Mechanical Corporation considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation or any other legally protected status.

Please **print** & complete all information areas. If certain questions do not apply, mark that question w/ "N/A" (Not Applicable)

Position (s) Applied For _____ **Date of Application** _____

Name _____

last first middle

Address _____

street city state/zip

Contact Info _____

hwm # wr# cell #

Other Info _____

ss # e-mail

How Did You Learn About Tebarco Mechanical Corporation? _____

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

Have you been employed with Tebarco Mechanical Corporation before? Yes No
If so, when? 1st date of service _____ last date of service _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully being employed in the USA because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____ month _____ date _____ year _____

Are you available to work: (yes or no) Full Time _____ Part Time _____

Are you currently on "lay-off" status and subject to be recalled? Yes No

Do you have reliable transportation? Yes No

Are you willing to travel out of town if a job requires you to? Yes No

Have you been convicted of a felony within the last seven (7) years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If yes, please explain: _____

Employment Experience

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Dates Employed

Employer #1 _____ From: _____ To: _____

Contact Info _____

wr# cell # e-mail

Work Performed _____

Salary Info. Starting _____ hr/wkly Final _____ hr/wkly

Job Title: _____ **Supervisor:** _____

Why did you leave? _____

Employer #2

From: _____

To: _____

Contact Info

wrk# _____

cell # _____

e-mail _____

Work Performed

Salary Info.

Starting _____

hr/wkly _____

Final _____

hr/wkly _____

Job Title: _____

Supervisor: _____

Why did you leave?

Dates Employed

Employer #3

From: _____

To: _____

Contact Info

wrk# _____

cell # _____

e-mail _____

Work Performed

Salary Info.

Starting _____

hr/wkly _____

Final _____

hr/wkly _____

Job Title: _____

Supervisor: _____

Why did you leave?

List professional, trade, business or civil activities and offices held

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

Education

Name and City
of School

Course of
Study

Years
Completed

Diploma
Degree(Yes/No)

Elementary School

High School

Vocational/College

Indicate any foreign languages you can speak, read and/or write

Fluent

Good

Fair

Speak (list each language)

Read

Write

Describe any specialized training, apprenticeship, skills and extra curricular activities

License / Certifications

List any Certifications / License's that you have earned: mark all that apply with a "Y" (yes)

Journeyman Plumber	<input type="checkbox"/>	Fall Protection	<input type="checkbox"/>
Master Plumber	<input type="checkbox"/>	Excavation	<input type="checkbox"/>
HVAC Class I	<input type="checkbox"/>	Forklift	<input type="checkbox"/>
HVAC Class II	<input type="checkbox"/>	Scaffolding	<input type="checkbox"/>
Boiler	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>
Gas	<input type="checkbox"/>	Hoisting Signals	<input type="checkbox"/>
Utility	<input type="checkbox"/>	Backflow Prevention	<input type="checkbox"/>
CDL License	<input type="checkbox"/>		

Specialized Skills

Check Skills/Equipment Operated

Please rate your skills on a scale of 0 to 4 (0 = none, 1 = poor, 2 = average, 3 = very good & 4 = expert)

Software Knowledge:

Word	<input type="checkbox"/>
Excel	<input type="checkbox"/>
Publisher	<input type="checkbox"/>
Access	<input type="checkbox"/>
Outlook	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>

Heavy Equipment:

Backhoes	<input type="checkbox"/>
Excavators	<input type="checkbox"/>
Bulldozers	<input type="checkbox"/>
Fork Lifts	<input type="checkbox"/>
Tamps	<input type="checkbox"/>
Large Trucks	<input type="checkbox"/>
Boom Trucks	<input type="checkbox"/>

Field Equipment

Field Levels	<input type="checkbox"/>
Transits	<input type="checkbox"/>
Lasers	<input type="checkbox"/>

List any additional information you feel may be helpful to us in considering your application

References

Name	Company / position	Phone #
-----	-----	-----
Name	Company / position	Phone #
-----	-----	-----
Name	Company / position	Phone #
-----	-----	-----

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.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. 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 of Applicant

Date

For Personnel Department Use Only

Person Interviewing Candidate: _____

Remarks: _____

Interviewer _____ Date _____

Employed _____
Yes No

Date of Employment: _____

Job Title _____

Hourly Rate: _____

Department: _____

Name and Title: _____

Date: _____