



"Application For Employment"

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

Position Applied For **Date of Application**

Name
 last first preferred name

Address
 street city zip

Contact Info
 best phone 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? **N/A** 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 day 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:

Have you every had a worker's compensation injury? Yes No

If yes, please explain:

Specialized Skills (Check Skills/Equipment Operated)
 Please rate your skills on a scale of 0 to 4 (0 = no experience, 1 = poor, 2 = average, 3 = very good, 4 = expert)

Software Knowledge:	Heavy Equipment:	Field Equipment
Word <input type="checkbox"/>	Backhoes <input type="checkbox"/>	Field Levels <input type="checkbox"/>
Excel <input type="checkbox"/>	Excavators <input type="checkbox"/>	Transits <input type="checkbox"/>
Publisher <input type="checkbox"/>	Bulldozers <input type="checkbox"/>	Lasers <input type="checkbox"/>
Access <input type="checkbox"/>	Fork Lifts <input type="checkbox"/>	
Outlook <input type="checkbox"/>		
PowerPoint <input type="checkbox"/>		
	Large Trucks <input type="checkbox"/>	
	Boom Trucks <input type="checkbox"/>	
	Tamps <input type="checkbox"/>	
	Other: <input type="text"/>	

License / Certifications
 List any State issued license numbers:
 i.e. plumbing, conditioned air, boiler etc.

Mark any certifications you can prove:

Crane/Hoisting Signals <input type="checkbox"/>	Fall Protection <input type="checkbox"/>	EPA (Refrigerant) <input type="checkbox"/>
Backflow Prevention <input type="checkbox"/>	Excavation <input type="checkbox"/>	Land Disturbance <input type="checkbox"/>
Scaffolding <input type="checkbox"/>	Forklift <input type="checkbox"/>	CDL License <input type="checkbox"/>
Confined Spaces <input type="checkbox"/>		

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	School and City	Course of Study	Years Completed	Graduated Y/N
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vocational/College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicate any foreign languages you can speak and level of fluency

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

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

If you have provided a resume you do not have to provide the following Employment Experience information:

Employment Experience

Please start with your current 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.

Employer #1 From: To:

Job Title: Supervisor:

Contact Info
wk# cell #

Work Performed

Salary Info. Starting hr/wkly Final hr/wkly

Why did you leave?

Employer #2 From: To:

Job Title: Supervisor:

Contact Info
wk# cell #

Work Performed

Salary Info. Starting hr/wkly Final hr/wkly

Why did you leave?

Employer #3 *From:* *To:*

Job Title: *Supervisor:*

Contact Info
wk# cell #

Work Performed

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

Why did you leave?

References:

Reference Name *Reference Name*

Business Name *Business Name*

Phone Number *Phone Number*

Reference Name *Reference Name*

Business Name *Business Name*

Phone Number *Phone Number*

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements

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

Signature of Applicant

Date