

Number: _____

GOLD MECHANICAL, INC.

APPLICATION FOR EMPLOYMENT

Gold Mechanical, Inc. is an equal opportunity employer. All applicants are considered without regard to race, age, color, gender, ethnic group, national origin, religion, citizenship, marital status, sexual orientation, veteran status, physical or mental disability, or medical condition.

PERSONAL INFORMATION

Last Name	First	Middle Initial	Today's Date
Address			SS#
Home Telephone ()	Cell Telephone ()	Email	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever interviewed with this company before? If yes, provide date(s), location(s), and position(s) applied for:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by this company? If yes, provide date(s), location(s), and position(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives employed by this company? If yes, provide name(s), location(s), and position(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT DESIRED

Position Applied for:	Desired Pay:					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date:					
How did you find out about this position?						
Would you like to work: (check all that apply)	<input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time only	<input type="checkbox"/> Summer <input type="checkbox"/> Temporary	<input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time			
What times are you available to work?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EDUCATION

Level	Name and Address	Date Graduated/ Level Completed	Major Studies	Degree/Diploma License/Certificate
High School				
College				
Graduate School				
Vocational, Business, Other				

MILITARY

Branch	Dates of Service	Final Rank	Assignment

Are you now a member of the National Guard? Yes No

SKILLS (not all may be necessary for the job you seek)

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your WPM?		
Foreign Languages:		
Computer Skills (Hardware/Software):		
Other Skills, Knowledge, Areas of Expertise:		
Driver's License #:	State:	Type:

EMPLOYMENT HISTORY

Please list employment record, starting with the most recent.

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

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Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

REFERENCES

Please provide three references (not relatives or previous employers).

Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:

GENERAL

Are you currently employed? Yes No
If yes, may we contact your present employer? Yes No

Will you be able to perform the job functions for the position you are applying for with or without reasonable accommodation? Yes No

Have you ever been convicted of a crime? Yes No
If yes, explain:

If offered employment, will you be able to provide proof of identity and authorization to work in the U.S.?
 Yes No

MEDICAL EXAMINATION

As part of Gold Mechanical, Inc. employment procedures, employees will be required to undergo a post-offer/internal transfer/return-to-work (due to on or off the job injury) Physical Capacity Profile® examination and drug screening conducted at Springfield Physical Medicine, Springfield, Missouri. Any offer of employment/internal transfer/return-to-work that is received from Gold Mechanical, Inc. is contingent upon, among other things, satisfactory completion of this examination and drug screening and a determination by Gold Mechanical, Inc. using the results from the examination that the applicant is capable of performing the responsibilities of the position that has been offered, with or without reasonable accommodations. This will help Gold Mechanical, Inc. avoid putting employees in a position where there is the likelihood of injury to themselves or others.

Information concerning an employee's medical condition and/or history will be maintained in a separate file in the Human Resources' office and will be treated as confidential. This confidential information may be disclosed to: (1) supervisors and managers regarding necessary restrictions on an employee's duties; (2) first aid and safety personnel regarding potential emergency treatment; (3) government officials authorized to receive the information; and (4) any other person or entity, that the employee authorizes to receive the information.

APPLICANT STATEMENT

I understand and agree to the following:

This application is not a contract of employment.

Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal.

Should the employer hire me, I shall be subject to a 90 day probationary period starting from my first day of employment and at the end of which time my employment performance shall be evaluated by the employer. A determination for the continuance of my employment shall then be made by the employer.

The employer follows an "at will" employment policy, meaning I or the employer may terminate employment at any time for any reason consistent with applicable law.

All hired persons must provide proof of identity and authorization to work in the United States. Failure to produce such proof will result in denial of employment.

I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation.

I certify that all the information given in this application is complete and true.

Signature of Applicant

Date