



Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last, First Middle)

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(No. Street)

\_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(City and State and Zip)

If hired can you provide written evidence that you are authorized to work in the US \_\_\_ Yes \_\_\_ No

Have you ever been convicted of or fined and/or sentenced, including probation, for any criminal offense (misdemeanor or felony) or have you pleaded guilty or “no contest” to any criminal offense (misdemeanor or felony)? \_\_\_ Yes \_\_\_ No

If yes, give dates and places of any convictions, pleas, fines and/or sentences and explain or describe them. A conviction will not necessarily disqualify you from employment.

**Employment**

Type of Work Desired \_\_\_\_\_ Date available to start work \_\_\_\_\_

Minimum Compensation Required \_\_\_\_\_ per hr. How were you referred to this organization? \_\_\_\_\_

Do you have any friends, relatives or acquaintances who are presently employed in this organization?  
\_\_\_ Yes \_\_\_ No. If Yes, Who? \_\_\_\_\_

Specify any physical or working hour restrictions, if any that you may have. \_\_\_\_\_

Please describe any accommodations you may require to perform essential functions of the job for which you have applied. \_\_\_\_\_

I \_\_\_\_\_, authorize Lykes Insurance on behalf of Caldeco Mechanical Services, Inc to run a Motor Vehicle Report on my driver’s license as necessary. Drivers License # \_\_\_\_\_ State \_\_\_ X \_\_\_\_\_

**Education**

Type	Name/Location	Course of Study	#Years Cmpltd	Diploma Y/N
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Technical Or Other	_____	_____	_____	_____

**Employment Record**

Company Name and Phone#	Kind of Work	Date Started/Left	Rate of Pay	Reason for Leaving
1. _____	- _____	- _____	- _____	- _____
2. _____	- _____	- _____	- _____	- _____
3. _____	- _____	- _____	- _____	- _____
4. _____	- _____	- _____	- _____	- _____

References

Name/Occupation/Years Known/Phone Number
1. _____
2. _____
3. _____

**Applicant’s Statement**

I understand that the employer follows an “employment at will” policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the Chief Operating Officer of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 90-days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that I may be required at my own expense to have internet access in my home.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.





