



United Mechanical, Inc.  
 8170 Mainline Parkway  
 Fort Myers, Florida 33912

## APPLICATION FOR EMPLOYMENT

**United Mechanical is an equal opportunity employer and will not discriminate on the basis of race, color, sex, religion, national origin, marital status, or disability.**

Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

All questions must be answered carefully and completely. If you have a resume, please attach to this application. PLEASE PRINT

### PERSONAL DATA

NAME: _____		
Last	First	Middle
Have you ever worked under another name? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide name _____		
ADDRESS: _____		TELEPHONE: (     ) _____
CITY, STATE, ZIP CODE: _____		
POSITION DESIRED: _____		SALARY DESIRED: _____
CHECK TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		
CHECK DAYS AVAILABLE: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.		
HOURS AVAILABLE: _____		WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO
GEOGRAPHIC PREFERENCE: _____		

- YES  NO ARE YOU LEGALLY ABLE TO WORK IN THE U.S.?      YES  NO ARE YOU OVER THE AGE OF 18?
- YES  NO ARE YOU ABLE TO PERFORM ANY OR ALL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION?      YES  NO ARE YOU CURRENTLY USING ILLEGAL DRUGS?
- YES  NO HAVE YOU EVER BEEN A PREVIOUS EMPLOYEE?      YES  NO ARE YOU A PREVIOUS APPLICANT?
- YES  NO HAVE YOU EVER BEEN CONVICTED OF A CRIME, PLED NO CONTEST REGARDLESS OF ADJUDICATION, ENTERED A PRE-TRIAL INTERVENTION PROGRAM, AND/OR PLACED ON PROBATION OR ASSIGNED COMMUNITY SERVICE HOURS?  
 (Answering "yes" may not automatically disqualify you from employment consideration)

HOW MANY DAYS WERE YOU ABSENT FROM YOU LASTJOB? \_\_\_\_\_

### WORK EXPERIENCE

Note: Start with most recent position, furnish dates and explanation for each period of employment and unemployment for the past 10 years. Use a separate sheet if necessary.

<b>PRESENT/LAST EMPLOYER</b>	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	RATE OF PAY: _____ <small>Pay Period WEEK LY, BI-WEEKLY, ANNUALLY</small>	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE RESPONSIBILITIES:			
<b>PREVIOUS EMPLOYER</b>	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	RATE OF PAY: _____ <small>Pay Period WEEK LY, BI-WEEKLY, ANNUALLY</small>	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE RESPONSIBILITIES:			

PREVIOUS EMPLOYER	TYPE OF BUSINESS	ADDRESS	TELEPHONE
START DATE/LEAVE DATE	RATE OF PAY: _____ Pay Period WEEK LY, BI-WEEKLY, ANNUALLY	REASON FOR LEAVING	
JOB TITLE	SUPERVISOR AND TITLE	MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE RESPONSIBILITIES:			

### EDUCATION AND TRAINING

PLEASE COMPLETE ALL APPROPRIATE ITEMS.

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	NAME AND DATE OF DEGREE EARNED	MAJOR/MINOR FIELDS OF STUDY
HIGH OR TRADE SCHOOL			DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS OR TECH SCHOOL				
COLLEGE(S)				
OTHER TRAINING (EXPLAIN)				

REFERENCES: List 3 business references (DO NOT LIST RELATIVES OR PERSONAL FRIENDS):

NAME	TELEPHONE	ADDRESS	RELATIONSHIP

### APPLICANT STATEMENT

**PLEASE READ BEFORE SIGNING BELOW:** By applying for this position and signing this application, I voluntarily authorize and grant full consent to United Mechanical or its agents to conduct a thorough investigation into my background, including criminal background (regardless of adjudication) which United Mechanical believes relevant to my employment. I do further fully consent to the release and disclosure to United Mechanical or its agent from any persons, companies, corporations or government agency any information sought concerning my background and do further release from liability United Mechanical or its agents for actions taken in connection with this investigation, as well as any persons, companies, corporations or governmental agencies disclosing such information.

I acknowledge that any false information provided by me to United Mechanical or by others at my direction, either on this application or otherwise, shall constitute grounds for immediate discharge, regardless of when the false information is discovered by United Mechanical. Similarly, I understand that my continued employment is contingent on successfully passing any background investigation and any information discovered about me during the investigation which is deemed by United Mechanical to be unsatisfactory shall constitute grounds for immediate discharge, also regardless of when discovered.

I understand that United Mechanical may require a medical or other examination at the time an employment offer is extended and may condition that offer of employment upon the successful completion of that examination. Employees and applicants are also subject to drug and alcohol testing at the discretion of United Mechanical. Polygraph examinations may also be required by United Mechanical where permissible by law.

Finally, I understand that nothing contained in this statement should be construed to create a contract of employment with United Mechanical.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

This application is valid for a period of sixty (60) days from the date of signature.