

Application for Employment



Personal Information	
first, middle, last name	
address	
city, state, zip code	
are you over the age of 18? <input type="checkbox"/> yes <input type="checkbox"/> no	
are you lawfully employable in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no	
contact phone number / type	best time to call
e-mail address	

Position Information		
today's date		
position applying for		
<input type="checkbox"/> full time	<input type="checkbox"/> part time	<input type="checkbox"/> seasonal
desired compensation		
hours/days available		
desired start date		
how did you hear about us?		

Education				
	name	location	years completed	major/degree
high school *				
college/university				
trade school				
professional school				
other				

* If you did not complete high school, do you have a high school equivalency diploma? yes no

Licensing	
do you have a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no	state / license number
do you have reliable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	do you have a clean driving record? <input type="checkbox"/> yes <input type="checkbox"/> no
please list any moving violations / accidents in the last 3 years	

Background	
have you ever been charged with and/or convicted of a felony or misdemeanor? <input type="checkbox"/> yes <input type="checkbox"/> no	
if yes, please explain below and attach any relevant documentation	
can we make copies of licenses, cards, etc. in support of provided information? <input type="checkbox"/> yes <input type="checkbox"/> no	
are you completing this application yourself? if not, who is? _____ <input type="checkbox"/> yes <input type="checkbox"/> no	

Employment History

Please list your work experience for the past 5 years, beginning with your most recent job. Attach additional sheets and/or your résumé as necessary. Exclude organization names that indicate race, religion, sex or national origin.

employment dates	employer	position	
last supervisor	address	city, state, zip	phone
starting pay	duties & promotions		
final pay	reason for leaving	may we contact this employer?	<input type="checkbox"/> yes <input type="checkbox"/> no
employment dates	employer	position	
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starting pay	duties & promotions		
final pay	reason for leaving	may we contact this employer?	<input type="checkbox"/> yes <input type="checkbox"/> no

Professional References

name	name	name
position	position	position
company	company	company
phone number	phone number	phone number
e-mail address	e-mail address	e-mail address

For all “Industry Skills” sections, **only** select the options that you consider yourself to be **very** knowledgeable about, with a **high level of competency**.

HVAC/R Industry Skills

What size of HVAC/R equipment are you proficient repairing/replacing/installing? (Select all that apply)

- 1-5 Tons
 5-20 Tons
 20-50 Tons
 50-100 Tons
 100+ Tons

What manufacturers' equipment are you proficient repairing/replacing/installing? (Select all that apply)

- | | | | | |
|--|---|-------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> American Standard | <input type="checkbox"/> Fujitsu | <input type="checkbox"/> Luxaire | <input type="checkbox"/> Ruud | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bryant | <input type="checkbox"/> Honeywell | <input type="checkbox"/> Maytag | <input type="checkbox"/> Toshiba | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Carrier | <input type="checkbox"/> Johnson Controls | <input type="checkbox"/> Mitsubishi | <input type="checkbox"/> Trane | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Coleman | <input type="checkbox"/> Lennox | <input type="checkbox"/> Payne | <input type="checkbox"/> York | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Daikin | <input type="checkbox"/> LG | <input type="checkbox"/> Rheem | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

What manufacturers' equipment are you proficient repairing/replacing/installing? (Select all that apply)

- | | | | | |
|---|---|--|---|--------------------------------|
| <input type="checkbox"/> 410A | <input type="checkbox"/> Gas | <input type="checkbox"/> Package Units | <input type="checkbox"/> Split Systems | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Air Handlers | <input type="checkbox"/> Geo Thermal | <input type="checkbox"/> Propane | <input type="checkbox"/> Trailer Units | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Ground Source HP | <input type="checkbox"/> Puron | <input type="checkbox"/> Variable Speed | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Dehumidification | <input type="checkbox"/> Heat Pumps | <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Ventilation | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Forced Air Systems | <input type="checkbox"/> Humidification | <input type="checkbox"/> Radiant Heating | <input type="checkbox"/> Water Heaters | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Furnace | <input type="checkbox"/> Hydronic | <input type="checkbox"/> Rooftop Units | <input type="checkbox"/> Window Units | <input type="checkbox"/> _____ |

What parts and accessories are you proficient repairing/replacing/installing? (Select all that apply)

- | | | | | |
|--------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Coils | <input type="checkbox"/> Condensers | <input type="checkbox"/> Duct Work | <input type="checkbox"/> Fans | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Compressors | <input type="checkbox"/> Dampers | <input type="checkbox"/> Diffusers | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> _____ |

What certifications/licenses do you maintain? (Select all that apply; have cards ready to copy)

- | | | |
|---|---|---|
| <input type="checkbox"/> EPA
Type(s) _____ | <input type="checkbox"/> Apprentice HVAC
State(s) _____ | <input type="checkbox"/> _____
_____ |
| <input type="checkbox"/> NATE
Type(s) _____

_____ | <input type="checkbox"/> Journeyman HVAC
State(s) _____ | <input type="checkbox"/> _____
_____ |
| | <input type="checkbox"/> Master HVAC
State(s) _____ | <input type="checkbox"/> _____
_____ |

Plumbing Industry Skills

What types of equipment and systems are you proficient repairing/replacing/installing? (Select all that apply)

- | | | | | |
|--|---|--|---|--------------------------------|
| <input type="checkbox"/> Backflow Prevention | <input type="checkbox"/> Hydronics | <input type="checkbox"/> Cast Iron Pipe | <input type="checkbox"/> Sanitary Lines | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Radiant Heating | <input type="checkbox"/> Copper Pipe | <input type="checkbox"/> Sewer Lines | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Circulating Systems | <input type="checkbox"/> Septic Systems | <input type="checkbox"/> CPVC Pipe | <input type="checkbox"/> Supply Lines | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Drainage Systems | <input type="checkbox"/> Water Conditioners | <input type="checkbox"/> Galvanized Pipe | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Geothermal | <input type="checkbox"/> Water Heaters | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hot Water Systems | <input type="checkbox"/> Well Systems | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

What parts and accessories are you proficient repairing/replacing/installing? (Select all that apply)

- | | | | | |
|--------------------------------------|--|--|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Aerators | <input type="checkbox"/> Commodes | <input type="checkbox"/> Flanges | <input type="checkbox"/> Showers | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Ball Valves | <input type="checkbox"/> Compressors | <input type="checkbox"/> Garbage Disposals | <input type="checkbox"/> Sinks | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bathtubs | <input type="checkbox"/> Diverters | <input type="checkbox"/> Grease Traps | <input type="checkbox"/> Sump Pumps | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Bidets | <input type="checkbox"/> Dual Check Valves | <input type="checkbox"/> Insta-Hots | <input type="checkbox"/> Traps | <input type="checkbox"/> _____ |

What certifications/licenses do you maintain? (Select all that apply; have cards ready to copy)

- | | | | | |
|--|--|--|--|--------------------------------|
| <input type="checkbox"/> Backflow Prevention | <input type="checkbox"/> Apprentice Plumbing
State(s) _____ | <input type="checkbox"/> Journeyman Plumbing
State(s) _____ | <input type="checkbox"/> Master Plumbing
State(s) _____ | <input type="checkbox"/> _____ |
| | | | | <input type="checkbox"/> _____ |

Electrical Industry Skills

What types of equipment, parts and fixtures are you proficient repairing/replacing/installing? (Select all that apply)

- | | | | | |
|-------------------------------|--------------------------------------|---|---|--------------------------------|
| <input type="checkbox"/> 110 | <input type="checkbox"/> Cat5 | <input type="checkbox"/> 3-Way Switches | <input type="checkbox"/> Conduit | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 220 | <input type="checkbox"/> Coax | <input type="checkbox"/> Attic Fans | <input type="checkbox"/> Dimmer Switches | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 4160 | <input type="checkbox"/> Fiber Optic | <input type="checkbox"/> Ceiling Fans | <input type="checkbox"/> Fluorescent Lighting | <input type="checkbox"/> _____ |
| <input type="checkbox"/> 480 | <input type="checkbox"/> Phone | <input type="checkbox"/> Breaker Box | <input type="checkbox"/> Fuses | <input type="checkbox"/> _____ |

What certifications/licenses do you maintain? (Select all that apply; have cards ready to copy)

- | | | | |
|--|--|--|--------------------------------|
| <input type="checkbox"/> Apprentice Electrical
State(s) _____ | <input type="checkbox"/> Journeyman Electrical
State(s) _____ | <input type="checkbox"/> Master Electrical
State(s) _____ | <input type="checkbox"/> _____ |
| | | | <input type="checkbox"/> _____ |

Essential Functions

Office Personnel: The physical demands of this post are minimal. Sitting for long periods of time while working at or near a computer is an essential part of the position. Specific corrected vision abilities required by this job include close vision, peripheral vision and ability to adjust focus. Hearing and speaking is required for communicating in person and on the telephone. The majority of time spent in this position will be in the office with normal noise levels and controlled temperatures. Some overtime, evening and/or weekend work may be necessary, especially during the summer months.

Field Personnel: While performing the duties of this job, the employee is regularly required to use hands and fingers, handle, or feel and talk. Walking, turning, stooping, climbing, crawling, and reaching for and carrying materials, heavy lifting, stepping over and around obstacles. Physical dexterity is extremely important. The employee is required to drive the company van, sometimes through extremely heavy traffic. The employee frequently is required to sit and/or stand for long periods. Specific corrected vision abilities required by this job include close vision, peripheral vision and ability to adjust focus. Hearing and speaking are required for communicating in person and on the telephone. The environment requires working near moving mechanical parts at the customer site which could be indoors or outside in all weather conditions. The employee could be exposed to risk of electrical shock, high precarious places, fumes or airborne particles and extreme heat or cold. The employee will be working at job locations which could be indoors or out in all weather conditions including extreme heat or cold. The employee could be exposed to risk of electrical shock, uncontrollable water flow, and unpleasant fumes.

Is there anything that precludes you from performing the essential functions of the position for which you are applying? Yes No (If yes, please describe on the back of this application.)

Application Terms and Conditions

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Custom Mechanical Inc. creates an actual or implied contract of employment. I understand that, if I accept employment with Custom Mechanical Inc., it will be on an at-will basis. This means that either Custom Mechanical Inc. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Custom Mechanical Inc.. I release Custom Mechanical, Inc., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing. I understand that without a completed application and this additional information, the hiring process cannot proceed. I authorize Custom Mechanical Inc. to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment. I release Custom Mechanical Inc. and its employees from all liability arising from such investigation. I understand that without a completed application and this additional information, the hiring process cannot proceed.

Custom Mechanical Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Custom Mechanical Inc. depends solely on your qualifications.

Printed Name: _____ Date: _____ Signature: _____