



APPLICATION FOR EMPLOYMENT

Position Applied for: _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Desired Wage: _____ E-Mail: _____

CURRENT ADDRESS

Current Residence: _____

City: _____ State: _____ Zip: _____ Phone: _____

PREVIOUS ADDRESSES

If you have lived at your current address for less than seven years, please list the cities, counties and states that you have lived in during the past 7 years.

City: _____ State: _____ From: _____ To: _____

City: _____ State: _____ From: _____ To: _____

City: _____ State: _____ From: _____ To: _____

APPLICANT NOTICE: This is not an employment contract. This form will be used to evaluate your qualifications for employment. False or misleading answers or statements made on this form or during an interview are grounds for terminating the application process or, if discovered after employment, terminating employment. We intend for all qualified applicants to be given equal opportunity and that selection decisions be based on job-related factors. None of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. We do not discriminate on the basis of race, color, religion, national origin, sex, marital status, age, creed, military reserve membership, ancestry, disability, or any other status protected by law or regulation. Testing for job-related skills and for the presence of drugs in your body may be required prior to or during employment. Depending on company policy and the requirements of the job, we may require that you complete a medical history form and be examined by a medical professional designated by the company.

ADDITIONAL INFORMATION

Please list any other names or social security numbers you have used in the past and the approximate dates you used them: _____

[] Yes [] No If hired, can you provide proof that you are eligible to work in the United States?

[] Yes [] No Are you 18 years of age or older? (If hired, you may be required to submit proof of age)

[] Yes [] No Are you a veteran?

[] Yes [] No Have you ever applied to work here before? If yes, when? _____

[] Yes [] No Were you ever employed here? If yes, when? _____

[] Yes [] No Have you ever been convicted of a crime? If so, please provide details below, including the county in which you were convicted. Include any plea of "guilty" or "no contest" but exclude any minor traffic violations. A conviction will not necessarily disqualify you from employment:



NEUWORKS MECHANICAL, INC.

AVAILABILITY

When can you start your employment? _____

What schedules are you available to work?

Weekdays Weekends Evenings Nights Overtime Other

What category would you prefer?

Full-time Part-time Temporary

JOB RELATED SKILLS

Yes No Have you ever been given a job description or had the essential functions of the job described to you?

Yes No Do you understand these essential functions?

Yes No Can you perform these essential functions with or without reasonable accomodation?

Yes No If required for the job, do you have the appropriate valid driver's license?

Name on license: _____ DL #: _____ State of Issue: _____

Do you have a commercial driver's license? Yes No

Name on license: _____ CDL#: _____ State of Issue: _____

Please describe any moving violations within the past seven years: _____

Yes No Do you hold a current Colorado plumbing license?

Apprentice Journeyman Master License #: _____

Yes No Do you have an OSHA Certification? Type: _____

Yes No Any additional trade certifications or licenses you feel may be job-related. Please list type:

FULL AND PART TIME EDUCATION

Do not fill out any part of this section you believe to be non-job related

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

| Name | City/State | Graduated | Degree Type |
|--------------|------------|-----------|-------------|
| High School: | | Y N | |
| College: | | Y N | |
| Other: | | Y N | |
| Other: | | Y N | |



NEUWORKS MECHANICAL, INC.

EMPLOYMENT INFORMATION - MOST RECENT EMPLOYER

Company Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Supervisor Name/Title: _____ Phone Number: _____

Dates Employed: _____ to: _____ Job Title (start): _____ (end): _____

Salary (start) \$: _____ (end) \$: _____ Hourly Weekly Monthly Temporary/Contract

Are you still employed by this employer? Yes No May we contact? Yes No

If no, reason for leaving: _____

PREVIOUS EMPLOYERS

Company Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Supervisor Name/Title: _____ Phone Number: _____

Dates Employed: _____ to: _____ Job Title (start): _____ (end): _____

Salary (start) \$: _____ (end) \$: _____ Hourly Weekly Monthly Temporary/Contract

Reason for Leaving: _____



Company Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Supervisor Name/Title: _____ Phone Number: _____

Dates Employed: _____ to: _____ Job Title (start): _____ (end): _____

Salary (start) \$: _____ (end) \$: _____ Hourly Weekly Monthly Temporary/Contract

Reason for Leaving: _____



Company Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____

Supervisor Name/Title: _____ Phone Number: _____

Dates Employed: _____ to: _____ Job Title (start): _____ (end): _____

Salary (start) \$: _____ (end) \$: _____ Hourly Weekly Monthly Temporary/Contract

Reason for Leaving: _____



NEUWORKS MECHANICAL, INC.

PERSONAL INFORMATION

Please tell us about your hobbies, likes and interests: _____

REFERRAL INFORMATION

How did you hear about our company? _____ If you were referred by a current employee, please be sure to list their name.

PROFESSIONAL REFERENCES

Do not include relatives or employers listed above

| | | |
|-------------------|---------------------|-------------------|
| Name: _____ | Relationship: _____ | Employer: _____ |
| City/State: _____ | Home Phone: _____ | Work Phone: _____ |
| Name: _____ | Relationship: _____ | Employer: _____ |
| City/State: _____ | Home Phone: _____ | Work Phone: _____ |



AFFIDAVIT, CONSENT AND RELEASE

Please read each statement carefully before signing

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employer, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to so work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT ALL THE WILL OF THE EMPLOYER AND EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time.

Ask the organization's representative for details.