

# Tri Mechanical, Inc.

## Application for Employment

Tri Mechanical, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis of creed, color, age, sex, religion, or national origin.

**Personal Information**      Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Referred By \_\_\_\_\_

State Name of any relatives currently employed at Tri Mechanical, Inc. \_\_\_\_\_

### Employment Desired

Position \_\_\_\_\_ Date you can start \_\_\_\_\_ Salary desired \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we question your present employer? \_\_\_\_\_

Ever applied to Tri Mechanical, Inc. before? \_\_\_\_\_ When? \_\_\_\_\_

### Education

	Name and Location of	Last Year Completed	Did you Graduate?	Subjects Studied Degree(s) received
High School				
College				
Trade or Technical School				
Military History				

Special subjects of study or research work \_\_\_\_\_

What foreign languages do you speak fluently? \_\_\_\_\_

Read? \_\_\_\_\_ Write? \_\_\_\_\_

Civic Activities \_\_\_\_\_

(Continued on Other Side)

**Present and Former Employers** - List last four employers below, starting with your most recent.

\*Employment consideration will not be made if these areas are not completed.

* Date Month & Year	* Company Name Phone Number Contact Name	Wage	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

**References** Give the names of three persons not related to you, whom have known you at least one year.

Name	Phone Number	Business	Years Acquainted

**Release Waiver**

I authorize present and former employers and individuals I have listed as personal references to furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

\* Date \_\_\_\_\_ Signature \_\_\_\_\_

**Physical Record**

Do you have any physical condition or prior injury that may limit your ability to perform the job you are applying for? \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may be terminated, regardless of the date of payment of my wages and salary, at any time without any previous notice.

\* Date \_\_\_\_\_ Signature \_\_\_\_\_