ALL STATES MECHANICAL

6981 South 400 West Midvale, UT 84047 ● Phone: (801) 255-4004 ● Fax: (801) 255-0442

APPLICATION FOR EMPLOYMENT

Applicants may be tested for illegal drugs

Date: ___/___/___

Name: _____
(First) (Middle Initial) (Last)

Present Address: _____

How Long: _____

Social Security No: _____-_____-_____

DOB : ____/____/____

Email address (REQUIRED): _____

Home Phone (____) _____-_____

Cell Phone (____) _____- _____

**A direct deposit account is REQUIRED as a condition of Employment. We do not issue checks.

If under 18, please list age _____

Position applying for: _____

Salary Desired: _____

How many hours can you work weekly? _____ Can you work nights? ___Yes ___No

Are you willing to work out of town? ___Yes ___No (check one)

When can you be available for work? _____

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* Are you a "State of Utah" Apprentice Plumber? ____ YES ____ NO If so, What Year? __1 __2 __3 __4 (check one)

* Are you a "State of Utah" Journeyman Plumber? ___YES ___NO If so, How Long? _____

* Do you carry licenses in any other states? ____Yes ____No If so, please list _____

* Are you Med Gas certified? ___ YES ___ NO

* Indicates: Provide copies of all Licenses and Certifications with this application.

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ☐ No ☐ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

***Please note we perform background checks on all applicants, so please be truthful in your answers.**

DO YOU HAVE A DRIVER'S LICENSE? ☐ Yes ☐ No

What is your means of transportation to work? _____

Driver's license number _____ State of issue _____ Expiration date _____/_____/_____

Have you had any accidents during the past three years? ☐ Yes ☐ No

If yes, How many? _____

Have you had any moving violations during the past three years? ☐ Yes ☐ No

If yes, How Many? _____

Please list two references other than relatives or previous employers.

Name		Name	
Position		Position	
Company		Company	
Address		Address	
Telephone		Telephone	

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? ☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience:

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: Address: City, State, Zip Code Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From ___/___/___ To ___/___/___	Start _____ Final _____
	Your last job Title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No

If not, who did? _____

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER

In exchange for the consideration of my job application by All States Mechanical LLC (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of , or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant_____ **Date:** _____

This Company 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 this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.