



ALLIED MECHANICAL SERVICES

Employment Application

Fill out the form for consideration for employment. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status. We are an equal opportunity employer.

First Name	
Last Name	
Middle Initial	
Address:	<hr/> <hr/> <hr/> <hr/>
Street	
City	
Zip	
Home Phone	
Cell Phone	
Social Security Number	
DOB (optional)	/ / (month/day/year)
Driver's License	
Marital Status	Single Married
CT refrigeration number	
CT refrigeration type	
Refrigeration certification number	
Refrigeration certification type	

Position applying for	
Desired salary	
Date you can start	/ / (month/day/year)
Are you currently employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current employer	
May we contact your employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer phone #	
Supervisor's name	

Education	
High School	
Location	
Year Graduated	
College	
Location	
Year Graduated	
Major	
Trade School	
Location	
Year Graduated	
Major	
Other Education	
Location	
Years Attended	
Major	

Do you currently have any motor vehicle violations?	___ Yes ___ No
If YES, please explain	<hr/> <hr/> <hr/> <hr/>
Have you ever been arrested	___ Yes ___ No
If YES, please explain	<hr/> <hr/> <hr/> <hr/>
Have you ever been convicted of a felony?	___ Yes ___ No
If YES, please explain	<hr/> <hr/> <hr/> <hr/>
All applicants must submit to a drug test. Are you willing to sign a consent form allowing these tests?	___ Yes ___ No
Have you served in the armed forces?	___ Yes ___ No
Military Branch	

For Mechanics Only	
Have you ever been injured on the job?	___ Yes ___ No
If YES, please explain injury and nature of injury	_____ _____ _____ _____
Person to notify in case of injury	_____
Phone number	_____
Address	_____

For Clerical Only	
Please list any computer programs you are proficient with	_____ _____ _____ _____
Do you have experience with Excel or Word	___ Yes ___ No
How many WPM do you type?	_____

Employment history	
Name and address	_____ _____ _____ _____
Dates (from/to)	/ / to / / [month/day/year]
Position	_____
Salary	_____
Reason for leaving	_____ _____ _____ _____

Name and address	<hr/> <hr/> <hr/> <hr/>
Dates (from/to)	/ / to / / [month/day/year]
Position	
Salary	
Reason for leaving	<hr/> <hr/> <hr/> <hr/>
Name and address	<hr/> <hr/> <hr/> <hr/>
Dates (from/to)	/ / to / / [month/day/year]
Position	
Salary	
Reason for leaving	<hr/> <hr/> <hr/> <hr/>
Name and address	<hr/> <hr/> <hr/> <hr/>
Dates (from/to)	/ / to / / [month/day/year]
Position	
Salary	

Reason for leaving	_____

References (list 3 and 1 relative)

Name	
Address	_____ _____ _____
Phone	
Relationship	
years acquainted	
Name	
Address	_____ _____ _____
Phone	
Relationship	
years acquainted	
Name	
Address	_____ _____ _____
Phone	
Relationship	
years acquainted	

Name	
Address	<hr/> <hr/> <hr/> <hr/>
Phone	
Relationship	
years acquainted	

Allied Mechanical Services

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