



# 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   |                         |

|                                   |  |
|-----------------------------------|--|
| <b>Position applying for</b>      |  |
| Desired salary                    |  |
| Date you can start                | / / (month/day/year)                                     |
| <b>Are you currently employed</b> | <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                 |  |

|                        |  |
|------------------------|--|
| <b>Education</b>       |  |
| <b>High School</b>     |  |
| Location               |  |
| Year Graduated         |  |
| <b>College</b>         |  |
| Location               |  |
| Year Graduated         |  |
| Major                  |  |
| <b>Trade School</b>    |  |
| Location               |  |
| Year Graduated         |  |
| Major                  |  |
| <b>Other Education</b> |  |
| Location               |  |
| Years Attended         |  |
| Major                  |  |

|   |  |
|---|--|
| Do you currently have any motor vehicle violations?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please explain  | <hr/> <hr/> <hr/> <hr/>                                  |
| Have you ever been arrested   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please explain  | <hr/> <hr/> <hr/> <hr/>                                  |
| Have you ever been convicted of a felony?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you served in the armed forces?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Military Branch   |  |

|   |  |
|---|--|
| <b>For Mechanics Only</b>                                 |  |
| Have you ever been injured on the job?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If YES, please explain injury and nature of injury        | _____<br>_____<br>_____<br>_____                         |
| Person to notify in case of injury                        |  |
| Phone number  |  |
| Address   |  |
| <b>For Clerical Only</b>                                  |  |
| Please list any computer programs you are proficient with | _____<br>_____<br>_____<br>_____                         |
| Do you have experience with Excel or Word                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How many WPM do you type?                                 |  |

|                           |                                  |
|---------------------------|----------------------------------|
| <b>Employment history</b> |                                  |
| <b>Name and address</b>   | _____<br>_____<br>_____<br>_____ |
| Dates (from/to)           | / / to / / (m/d/y)               |
| Position                  |                                  |
| Salary                    |                                  |

|                         |                         |
|-------------------------|-------------------------|
| Reason for leaving      | <hr/> <hr/> <hr/> <hr/> |
| <b>Name and address</b> | <hr/> <hr/> <hr/> <hr/> |
| Dates (from/to)         | / / to / / (m/d/y)      |
| Position                |                         |
| Salary                  |                         |
| Reason for leaving      | <hr/> <hr/> <hr/> <hr/> |
| <b>Name and address</b> | <hr/> <hr/> <hr/> <hr/> |
| Dates (from/to)         | / / to / / (m/d/y)      |
| Position                |                         |
| Salary                  |                         |
| Reason for leaving      | <hr/> <hr/> <hr/> <hr/> |

|                         |   |
|-------------------------|---|
| <b>Name and address</b> | _____<br>_____<br>_____<br>_____          |
| Dates (from/to)         | /    /        to    /    /        (m/d/y) |
| Position                | _____                                     |
| Salary                  | _____                                     |
| Reason for leaving      | _____<br>_____<br>_____<br>_____          |

|   |                                  |
|---|----------------------------------|
| <b>References (list 3 and 1 relative)</b> |                                  |
| <b>Name</b>                               | _____                            |
| Address                                   | _____<br>_____<br>_____<br>_____ |
| Phone                                     | _____                            |
| Relationship                              | _____                            |
| years acquainted                          | _____                            |
| <b>Name</b>                               | _____                            |
| Address                                   | _____<br>_____<br>_____<br>_____ |
| Phone                                     | _____                            |
| Relationship                              | _____                            |
| years acquainted                          | _____                            |

|                  |                         |
|------------------|-------------------------|
| <b>Name</b>      |                         |
| Address          | <hr/> <hr/> <hr/> <hr/> |
| Phone            |                         |
| Relationship     |                         |
| years acquainted |                         |
| <b>Name</b>      |                         |
| Address          | <hr/> <hr/> <hr/> <hr/> |
| Phone            |                         |
| Relationship     |                         |
| years acquainted |                         |

|                              |   |
|------------------------------|---|
| <b>Voluntary Information</b> | In order to meet state and federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application.                          |
| Gender                       | <input type="checkbox"/> Male <input type="checkbox"/> Female   |
| Race/Ethnic Data             | <input type="checkbox"/> Black (not Hispanic Origin):<br>Persons having origins in any of the black racial groups of Africa.  |
|                              | <input type="checkbox"/> Hispanic:<br>Persons of Mexican, Puerto Rican, Central or South American or other Spanish culture of origin, regardless of race.   |
|                              | <input type="checkbox"/> White (not Hispanic Origin):<br>Persons having origin in any of the original peoples of Europe, North America, or the Middle East.   |
|                              | <input type="checkbox"/> American Indian or Alaskan Native:<br>Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.  |
|                              | <input type="checkbox"/> Asian or Pacific Islander:<br>Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This are includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. |

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