



Air Conditioning • Refrigeration

## EMPLOYMENT APPLICATION

Applications are considered without regards to race, color, religion, sex, national origin, age, marital status, Veteran status or the presence of a non job-related medical condition or any handicap.

POSITION APPLYING FOR: \_\_\_\_\_  
DATE OF APPLICATION: \_\_\_\_\_  
SOURCE OF JOB OPENING: \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you ever been convicted of or charged with a felony or misdemeanor: (circle one) Yes No  
If yes, please explain in full, including dates, details of offense(s) charged, jurisdiction and disposition of case:

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Have you, or any person or entity with whom you have been associated with, filed for bankruptcy, Declared bankrupt or insolvent, or been the subject of any receivership proceedings within the last 7 years? (circle one)  
If yes, please explain in full, including dates, amounts involved and disposition:

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Applicant's Initials \_\_\_\_\_

**ADDITIONAL EMPLOYMENT:** If hired, while employed by Midwest Mechanical Services & Solutions, will you be employed by, working for, or compensated by any other business, firm, company or other entity? (circle If yes, please state the nature of the employment.

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**EDUCATION:**

Schools/Colleges Attended	# Years	Year Grad	Degree
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**PROFESSIONAL LICENSE(S) HELD:**

Type of Licenses	City/State Held In	Expiration Date
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**SPECIAL SKILLS:** Describe any special skills or qualifications for this position:

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Applicant's Initials \_\_\_\_\_

**EMPLOYMENT/WORK EXPERIENCE:** Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude names of organizations that would indicate race, color, religion, sex, or national origin.

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Yearly Salary: \_\_\_\_\_ or

Job Title: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Yearly Salary: \_\_\_\_\_ or

Job Title: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): From \_\_\_\_\_ To \_\_\_\_\_

Employer: \_\_\_\_\_

Yearly Salary: \_\_\_\_\_ or

Job Title: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_ Applicant's Initials \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PERSONAL REFERENCES:** Please provide names, addresses, phone numbers, relationship and how long you have known each reference.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

Applicant's Initials \_\_\_\_\_

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize Midwest Mechanical Services & Solutions to investigate any statement contained in this application and to obtain a credit report on me as necessary to determine my qualifications. I understand that this application will not and is not intended to be any kind of agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions, or interview may result in immediate termination. I understand also, that I am required to abide by all rules, regulations, and policies of Midwest Mechanical Services & Solutions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTIFICATION OF DRUG TESTING:**

I, the undersigned, if hired by Midwest Mechanical Services & Solutions, give consent to drug testing by a state approved testing firm on behalf of Midwest Mechanical Services & Solutions

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**For Midwest Mechanical Services & Solutions USE ONLY:**

Arrange Interview:  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved:  Yes  No Date: \_\_\_\_\_ Time: \_\_\_\_\_

Applicant's Initials \_\_\_\_\_