MOUNTAIN CITY

SERVICE, INC. | Complete Mechanical Services

EMPLOYMENT APPLICATION

423-801-1016

Please print clearly and complete all applicable sections. Information will be kept confidential and used only for employment purposes.

APPLICANT INFORMATION

FULL LEGAL NAME _____ PREFERRED NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE _____ ALTERNATE PHONE _____ EMAIL ADDRESS _____

Are you at least 18 years old? [ ] Yes [ ] No

Are you legally authorized to work in the United States? [ ] Yes [ ] No

POSITION AND AVAILABILITY

POSITION APPLIED FOR _____ DATE AVAILABLE TO START _____

DESIRED PAY _____ PAY BASIS: HOURLY / WEEKLY / SALARY _____

Employment sought: [ ] Full-time [ ] Part-time [ ] Temporary

Available shifts: [ ] Days [ ] Evenings [ ] Nights [ ] Weekends

Are you available for overtime when needed? [ ] Yes [ ] No

Have you previously applied to or worked for Mountain City Service? [ ] Yes [ ] No If yes, date: _____

EDUCATION AND CREDENTIALS

School / institution	City and state	Graduated?	Degree, diploma or program
High school / GED		Yes / No	
College / university		Yes / No	
Technical / trade school		Yes / No	

PROFESSIONAL LICENSES / CERTIFICATIONS (TYPE, NUMBER, ISSUING STATE, EXPIRATION)

_____

DRIVING INFORMATION | Complete if driving may be part of the position

Do you have a current driver's license? [ ] Yes [ ] No

LICENSE STATE _____ LICENSE CLASS _____ EXPIRATION DATE _____

EMPLOYMENT HISTORY | List your three most recent employers, beginning with the most recent

EMPLOYER 1

EMPLOYER NAME

PHONE

ADDRESS (STREET, CITY, STATE, ZIP)

JOB TITLE

SUPERVISOR

START DATE

END DATE

STARTING PAY

ENDING PAY

PRIMARY DUTIES AND RESPONSIBILITIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES / NO

EMPLOYER 2

EMPLOYER NAME

PHONE

ADDRESS (STREET, CITY, STATE, ZIP)

JOB TITLE

SUPERVISOR

START DATE

END DATE

STARTING PAY

ENDING PAY

PRIMARY DUTIES AND RESPONSIBILITIES

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES / NO

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EMPLOYMENT HISTORY - CONTINUED

EMPLOYER 3

EMPLOYER NAME _____ PHONE _____

ADDRESS (STREET, CITY, STATE, ZIP) _____

JOB TITLE _____ SUPERVISOR _____

START DATE _____ END DATE _____ STARTING PAY _____ ENDING PAY _____

PRIMARY DUTIES AND RESPONSIBILITIES _____

REASON FOR LEAVING _____ MAY WE CONTACT THIS EMPLOYER? YES / NO _____

SKILLS, QUALIFICATIONS AND TRAINING

DESCRIBE JOB-RELATED SKILLS, EQUIPMENT EXPERIENCE, TRAINING, CERTIFICATIONS OR OTHER QUALIFICATIONS

PROFESSIONAL REFERENCES | Do not list relatives or former supervisors

Name	Relationship	Phone	Email

APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that the information in this application is true and complete to the best of my knowledge. I understand that false, misleading, or omitted information may disqualify me from employment or, if hired, may result in termination. I authorize Mountain City Service, Inc. to verify the information provided and to contact the employers, schools, and references listed, subject to applicable law. I understand that this application is not a contract or guarantee of employment. If hired, my employment will be at will, meaning that either I or the company may end the employment relationship at any time, with or without cause or notice, as permitted by law.

APPLICANT SIGNATURE _____ DATE _____

FOR COMPANY USE ONLY

INTERVIEWED BY _____ INTERVIEW DATE _____ POSITION _____

HIRING DECISION / NOTES _____