Clark Mechanical Services, Inc. DBA: C Mechanical Services
2445A Old Philadelphia Pike, Lancaster, PA 17602 Phone: (717) 396-0545 Fax: (717) 396-0549

Application for Employment - Attention: Human Resources (PLEASE PRINT)

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Dept.

Position(s) applying for: ________________________________ Date of Application: ____________________

Last Name: ______________________________ First Name: __________________________ Middle: _____________

Street Address: ______________________________ City: __________________________ State: _____ Zip: _________

Home Phone: (____) ______________________ Cell #: (____) _____________________ Soc.Sec.#: _____ - ____ - ______

If you are under 18, and it is required, can you furnish a work permit? __________ If no, please explain: __________

Have you ever been employed here before? _________ Date Available for Work: ___________________________

Are you legally eligible for employment in this country? _________ Have you been convicted of a crime in the last (7) years? _________ If yes, please explain ____

Conviction will not necessarily be a bar to Employment. Each instance and explanation will be considered in relation to the position applied for

Type of Employment Desired: Full Time _______ Part Time _______ Temporary _______ Seasonal _______

Are you able to meet the attendance requirements of the position you are applying for? ___________________________

Driver's License Number (if driving is an essential job function) ____________________________________ State: _______

Employment History

Please provide the following information for your past (4) Employers, Beginning with the most recent

Employer: ____________________ **Address:** ________________________ **Phone:** ____________
From Year: ____________ **To Year:** ____________ **Job Title:** ________________
Supervisor: ____________
Describe the work performed and job responsibilities: ____
Hourly Rate/Salary: Start $ ____________ Ending: $ ____________ Reason for Leaving: __________________________

Employer: ____________________ **Address:** ________________________ **Phone:** ____________
From Year: ____________ **To Year:** ____________ **Job Title:** ________________
Supervisor: ____________
Describe the work performed and job responsibilities: ____
Hourly Rate/Salary: Start $ ____________ Ending: $ ____________ Reason for Leaving: __________________________

Employer: ____________________ **Address:** ________________________ **Phone:** ____________
From Year: ____________ **To Year:** ____________ **Job Title:** ________________
Supervisor: ____________
Describe the work performed and job responsibilities: ____
Hourly Rate/Salary: Start $ ____________ Ending: $ ____________ Reason for Leaving: __________________________

Employer: ____________________ **Address:** ________________________ **Phone:** ____________
From Year: ____________ **To Year:** ____________ **Job Title:** ________________
Supervisor: ____________
Describe the work performed and job responsibilities: ____
Hourly Rate/Salary: Start $ ____________ Ending: $ ____________ Reason for Leaving: __________________________

Skills and Qualifications

Summarize any training, skills, licenses, and/or certifications that may qualify you as being able to perform job related functions in the position for which you are applying: _____

_____

Educational Background (IF JOB RELATED)

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
High School: _____	_____	_____	_____
College: _____	Degree? _____	Major: _____	
Other: _____			

References

Name: _____ **Phone Number:** _____ **Years Known:** _____

Name: _____ **Phone Number:** _____ **Years Known:** _____

Name: _____ **Phone Number:** _____ **Years Known:** _____

**** How Did You Learn About Us? Advertisement _____ Friend _____ Relative _____ Walk-in _____**

Employment Agency _____ Other _____

**** Do You Have Any Friends or Relatives Employed By This Company? Yes _____ No _____**

If Yes, please List Name (s) _____

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE EMPLOYERS SERVICE, WHENEVER IT IS DICOVERED.

I GIVE THE EMPLOYER THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

THE EMPLOYER DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

IF I AM HIRED, I UNDERSTAND THAT I AM FREE TO RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE EMPLOYER RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, EXCEPT AS MAY BE REQUIRED BY LAW. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER, OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

I UNDERSTAND IT IS THIS COMPANY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING AND SEEK EMPLOYMENT UNDER THESE CONDITIONS.

Signature of Applicant _____ Date _____ / _____ / _____