



MECHANICAL

999 South 800 West
Salina, Utah 84654

Office Use Only

SA
IA

PH
IE

Int. Date:

Offer:

Site:

File:

Please Print

Last

First

Middle Initial

FLX-R

DNH/R

Exp:

Apt:

List:

Name:

Phone No:

Street Address:

Social Security No.

City:

State:

Zip:

Application Date:

What position are you applying for?

YES NO

Please check either "Yes" or "No" for each question below and write explanations where requested.

1. I am a citizen of the U.S.A. .

2. If you answered "no" to #1, does your visa or immigration status allow you to work in the United States?

Proof of citizenship or satisfactory immigration status will be required upon employment.

3. Have you been employed by SR Mechanical before? If "yes", please indicate when and what project you worked on.

4. Have you been convicted of a crime, other than a minor traffic offence? Conviction will not necessarily disqualify you from employment. If "yes", please explain. _____

5. Are you employed now? If "yes", by whom? _____

6. If you answered "yes" to #5, may we contact your present employer?

7. Are you covered by an employee benefit plan? (i.e. pension, profit sharing or health and dental) Note that this question is optional.

If "yes", please list the name of the provider. (Question optional) _____

8. Are you willing to relocate to Salina or nearby?

If "yes", for how long? ___ For 12 to 18 months ___ For 24 to 30 months ___ Permanently

9. When are you available for work? ___ Full time ___ Part time

Date: _____ ___ Shift work ___ Temporary or Summer Only

Educational Background (List the schools you attended, starting with high school. Please note if you have a GED.)

School Name

Location

Did you graduate?

Related coursework

High School

College or University

Trade or Tech. School

Special Training (Please list any special training you have had, including courses, seminars, licenses and certifications.)

References (List three people who are familiar with your work abilities. These people should be previous supervisors.)

Name

Company

Telephone Number

1. _____

2. _____

3. _____

List any current SR Mechanical employees who know you.

1. _____

2. _____

Work History (Please list your work history for the past five years.)

Start with you present or last job, then list the next to last job you held, and so on. Explain any gaps in your employment history. Include any job-related, military service assignments. You may exclude information which indicates race, color, sex, religion, national origin, age, disability, veteran or other protected status.

1	Employer:	Your Title:			
	Company Street Address:	City:		State:	
	Describe the type of work you preformed.	Your supervisor's name:			
		Phone No:			
		Dates Employed		Wage	
		Start date	End date	Starting rate	Final rate
	Reason for Leaving:				
2	Employer:	Your Title:			
	Company Street Address:	City:		State:	
	Describe the type of work you preformed.	Your supervisor's name:			
		Phone No:			
		Dates Employed		Wage	
		Start date	End date	Starting rate	Final rate
	Reason for Leaving:				
3	Employer:	Your Title:			
	Company Street Address:	City:		State:	
	Describe the type of work you preformed.	Your supervisor's name:			
		Phone No:			
		Dates Employed		Wage	
		Start date	End date	Starting rate	Final rate
	Reason for Leaving:				
4	Employer:	Your Title:			
	Company Street Address:	City:		State:	
	Describe the type of work you preformed.	Your supervisor's name:			
		Phone No:			
		Dates Employed		Wage	
		Start date	End date	Starting rate	Final rate
	Reason for Leaving:				
5	Employer:	Your Title:			
	Company Street Address:	City:		State:	
	Describe the type of work you preformed.	Your supervisor's name:			
		Phone No:			
		Dates Employed		Wage	
		Start date	End date	Starting rate	Final rate
	Reason for Leaving:				

Experience

1. How long have you worked in the construction industry? _____
2. How many years in commercial/industrial work? _____ How many in residential work? _____
3. Did you complete an apprenticeship? _____ In what trade? _____ License # : _____

Experience Checklist - Check each area where you have experience of six months or more.

PLUMBING	CUTTING / WELDING	HVAC
Material	<input type="checkbox"/> Oxygen/Acetylene	<input type="checkbox"/> Duct Fabrication
<input type="checkbox"/> PVC or ABS Drainage	<input type="checkbox"/> Silver Solder	<input type="checkbox"/> Commercial Installation
<input type="checkbox"/> Tyseal or Service Weight Drainage	<input type="checkbox"/> 95 / 5 Solder	<input type="checkbox"/> Residential Installation
<input type="checkbox"/> NO-Hub Drainage	<input type="checkbox"/> MIG Welding	<input type="checkbox"/> Furnace Trouble-shooting
<input type="checkbox"/> Acid Waste Piping	<input type="checkbox"/> TIG Welding	<input type="checkbox"/> Duct Sizing
<input type="checkbox"/> T&C Black Schedule 40	<input type="checkbox"/> Arch Welding	
<input type="checkbox"/> L, K, M Copper	<input type="checkbox"/> Concrete Saw Cutting	REFRIGERATION
<input type="checkbox"/> Med Gas (Cleaned & Capped Copper)		<input type="checkbox"/> EPA Certificate
<input type="checkbox"/> Victaulic / Grooved Piping	BUILDING TYPES	Type: 1 2 3 Universal
<input type="checkbox"/> P.E. Weld Piping	<input type="checkbox"/> School / Church Buildings	<input type="checkbox"/> Charging Refrigerant - Super heat
<input type="checkbox"/> Pex Piping	<input type="checkbox"/> Hospital Facilities	<input type="checkbox"/> Charging Refrigerant - Sub cool
<input type="checkbox"/> Pipe Insulation	<input type="checkbox"/> Correction Facilities	<input type="checkbox"/> Vacuum Refrigerant
Fixtures	<input type="checkbox"/> Technical Facilities	<input type="checkbox"/> AC Trouble-shooting
<input type="checkbox"/> Roof Drains	<input type="checkbox"/> Warehouse / Supermarket Buildings	EQUIPMENT OPERATION
<input type="checkbox"/> Security Fixtures	<input type="checkbox"/> Stadium	<input type="checkbox"/> Backhoe / Forklift / Scissor Lift
<input type="checkbox"/> Faucets	<input type="checkbox"/> High Rise Buildings	<input type="checkbox"/> Current Drivers License - Class: D
<input type="checkbox"/> Flush Valves	<input type="checkbox"/> Residential Homes	<input type="checkbox"/> Current CDL (circle one)
<input type="checkbox"/> Toilets	LAYOUT	Class: A B C
<input type="checkbox"/> wall-mounted	<input type="checkbox"/> Interior Layout	<input type="checkbox"/> Pipe Machine
<input type="checkbox"/> floor-mounted	<input type="checkbox"/> Laser Transit	<input type="checkbox"/> Compactor / Core Drill
_____	<input type="checkbox"/> Print Reading	OTHER
_____	<input type="checkbox"/> Site Layout	<input type="checkbox"/> Boiler Installation
	<input type="checkbox"/> Surveying	<input type="checkbox"/> Med. Gas Certified - Exp. Date: _____

Tool List - Please check all tools you currently own.

<input type="checkbox"/> Tool box	<input type="checkbox"/> Screwdriver - complete set	<input type="checkbox"/> Hack Saw
<input type="checkbox"/> Tool belt	<input type="checkbox"/> Plumb bob	<input type="checkbox"/> 3/8 socket set
<input type="checkbox"/> 20' - 25' tape measure	<input type="checkbox"/> Level - Torpedo	<input type="checkbox"/> Copper Reamer w/ replaceable blades
<input type="checkbox"/> Channel lock pliers	<input type="checkbox"/> Level - 48"	<input type="checkbox"/> Torque Wrench
<input type="checkbox"/> Cordless drill w/ drivers	<input type="checkbox"/> 14" Pipe Wrench	<input type="checkbox"/> Flashlight
<input type="checkbox"/> Set of wrenches 7/16" to 3/4"	<input type="checkbox"/> 18" Pipe Wrench	<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Utility Knife	<input type="checkbox"/> 24" Pipe Wrench	<input type="checkbox"/> Gloves
<input type="checkbox"/> Chalk box	<input type="checkbox"/> Copper Cutter - Finger	<input type="checkbox"/> Hard Hat
<input type="checkbox"/> 6" adjustable wrench	<input type="checkbox"/> Copper Cutter - Standard	<input type="checkbox"/> Finish Wrench
<input type="checkbox"/> 10" adjustable wrench	<input type="checkbox"/> 3" ABS Cutter	<input type="checkbox"/> Basin Wrench
<input type="checkbox"/> 12" adjustable wrench	<input type="checkbox"/> Claw Hammer	<input type="checkbox"/> Internal Wrench
<input type="checkbox"/> Left & Right snips	<input type="checkbox"/> Sheet metal Hammer	<input type="checkbox"/> Tongs
<input type="checkbox"/> Bulldog type snips	<input type="checkbox"/> Awl	<input type="checkbox"/> 12' Bar folder
<input type="checkbox"/> Side cut pliers	<input type="checkbox"/> Drill Index 1/8" to 1/2"	<input type="checkbox"/> Crimpers

Supervisory Experience

If you have held a Foreman, General Foreman, or Superintendent position in the last five years, list the name of the company and your supervisor, the dates of your employment, and the size of your crew.

COMPANY	SUPERVISOR	DATES (From/To)	CREW SIZE

Desired Wage: _____

Referral Source

How did you learn about SR Mechanical? Please check all which apply.

I saw your advertisement in the newspaper. Name of paper: _____

I heard your advertisement on the radio. Name of station: _____

I was referred by Dept of Workforce Services (Job Service)

I worked for a subcontractor on one of SR Mechanical's projects. Name of Subcontractor: _____

I noticed an SR Mechanical trailer at a job site. Which job site? _____

A friend, relative or acquaintance referred me. Please list name: _____

Does the person name above work for SR Mechanical? (circle one) YES NO

Other - (explain): _____

Acknowledgement Statement

I understand that my employment can be terminated, with or without cause, at any time, at the discretion of either the Company or myself. I understand that no management official other than the president of the Company has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment. Any modification to this agreement shall be in writing.

I hereby authorize any former employer, person, firm, school, institution, or corporation listed hereon, including this company to answer any and all questions and agree to hold all persons harmless and release them from all liability for giving any and all truthful information within their knowledge or records.

I hereby grant S.R. Mechanical, Inc. to request and receive a copy of my driver license record (MVR) from any State or Insurance agent.

If hired, I understand I am subject to drug and alcohol testing under SR Mechanical's Drug and Alcohol Testing Program.

I hereby state that all of the information provided on this application (and accompanying resume, if any) is true and accurate to the best of my knowledge. I also understand and agree that falsified information or significant omissions may disqualify me.

I understand that SR Mechanical is an Equal Opportunity employer.

I have read and understand the above information.

Print Name _____ Social Security Number _____

Signature _____ Date _____

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Notes:
