

US MECHANICAL, LLC 4344 E Alexander Las Vegas NV 89115 Phone: (702) 870-9609 Fax: (702) 870-9967

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL:

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Email Address

Have you ever applied for employment with us? Yes No	If yes: Month and Year
Position Desired	Expected Rate of Pay
Are you a journeyman in your trade? Yes No	If yes, what is your trade?
Are you available for full-time work? Yes No	If not, what hours can you work?
Will you work overtime if asked? Yes No	
Are you legally eligible for employment in the United States?	sNo
When will you be available to begin work?	

EMPLOYMENT HISTORY:

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Comment Name	71.	
Company Name	Telephone	
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Address	Employed - (State Month and Year)	
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	1	
	From	То
Name of Supervisor	Hourly Pay	
	1	
	Start	Last
		Last
State Job Title and Describe Your Work	Your Work Reason for Leaving	
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EMPLOYMENT HISTORY (Continued):

Company Name	Telephone
Address	Employed - (State Month and Year)
	From To
Name of Supervisor	Hourly Pay
	Start Last
State Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone	
Address	Employed - (State Month and Year)	
	From	То
Name of Supervisor	Hourly Pay	
	Start	Last
State Job Title and Describe Your Work	Reason for Leaving	

May we contact the employers listed above? ____ Yes ____ No

If not, why not?

The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omissions of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date

Signature