



SOUTHERN PRAIRIE MECHANICAL, LLC.

Application for Employment

(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: _____

	Last	First	Middle
Address: _____	Present	City	State
_____			Zip

Permanent Address (If different than above)	City	State	Zip
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Social Security Number _____	Telephone _____
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Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green card, etc.). Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied for: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your Work record? (Please Specify): _____
2. Do you have any relatives who are presently (or have formerly been) employed by Southern Prairie Mechanical?

3. How were you referred to Southern Prairie Mechanical? _____
4. Have you ever been convicted of a felony? Yes No If yes, please explain: _____

II. Educational History

School Name/Location	Years Completed	Degree/Diploma
Elem. /Jr. High _____		

High School _____

College _____

Educational History Continued

School Name/Location	Years Completed	Degree/Diploma
Tech Training _____		

Other/s _____

**III. Employment Record: Please include all employment for the last five years.
(Current/Most Recent Employer First)**

1. _____
Company Name _____ Position Held _____
Date/s Employed _____ From / To _____
Address _____
_____ () _____
Manager / Supervisor _____ Telephone _____ Wage / Salary _____
Reason for Leaving _____

2. _____
Company Name _____ Position Held _____
Date/s Employed _____ From / To _____
Address _____
_____ () _____
Manager / Supervisor _____ Telephone _____ Wage / Salary _____
Reason for Leaving _____

3. _____
Company Name _____ Position Held _____
Date/s Employed _____ From / To _____
Address _____
_____ () _____
Manager / Supervisor _____ Telephone _____ Wage / Salary _____
Reason for Leaving _____

4. _____
Company Name _____ Position Held _____
Date/s Employed _____ From / To _____
Address _____
_____ () _____
Manager / Supervisor _____ Telephone _____ Wage / Salary _____
Reason for Leaving _____

Note: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason

(Employer's Name) Reason

IV. References: Please do not include relatives or former employers.

1. _____ ()
Name Years Known Telephone

Address Occupation

2. _____ ()
Name Years Known Telephone

Address Occupation

3. _____ ()
Name Years Known Telephone

Address Occupation

III. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work? _____

2. Do you have any objection to working overtime? () Yes () No

3. Can you work overtime without prior notice? () Yes () No

4. Can you work on Saturday? () Yes () No

5. Can you work on Sunday? () Yes () No

6. Can you travel if required by this position? () Yes () No

7. Do you have a valid Texas driver's license? () Yes () No

8. Check the following options you would consider:

() Full Time () Part Time () Temporary

If part time specify hours or days: _____

9. List any other education, training, special skills or certificates/licenses that you possess related to the job:

10. List any machine or equipment on which you are qualified and experienced in operating. _____

11. Do you require any accommodations to perform the essential functions of the job? () Yes () No

If yes, explain: _____

12. Are you 16 years old or over? () Yes () No

If under 18, state age: ()

13. **Person to be notified in case of an emergency:**

Name: _____

Phone: _____

Address: _____

Relationship: _____

City: _____

State: _____

Zip Code: _____

Agreement (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Southern Prairie Mechanical any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Southern Prairie Mechanical, from liability for any damage that may result from furnishing same to Southern Prairie Mechanical.

If employed by Southern Prairie Mechanical, I agree to conform to the rules and regulations of Southern Prairie Mechanical. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of either Southern Prairie Mechanical or myself. I further understand that no manager or representative of Southern Prairie Mechanical, other than the President of Southern Prairie Mechanical, has the authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any assurance.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood, saliva and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to Southern Prairie Mechanical for its use.

I understand that any positive drug or alcohol results may preclude my employment.

Signature

Date

For office use only:

Date of hire: _____

Rate of pay: _____

Position: _____

Department: _____

Signature of Supervisor

Date