

Employment Application

		Applicali	t Information				
Full Name:					Date:		
A status as a	Last	First		M.I.			
Address:	Street Address			Apart	ment/Unit #		
	0"			0(-)-		7/0.00	
Phone: (City)	E-r	nail Address:	State		ZIP Code	
Date Availab	ole: Socia	Security No.:		Desired Sa	lary: \$		
Position App	lied for:						
Are you a cit	izen of the United States?	YES NO	If no, are you aut	horized to wo	rk in the U	J.S.?	NO
Have you ev	er worked for this company?	YES NO	If yes, when?				
Have you ev	er been convicted of a felony	?					
If yes, explain	in:						
		Edu	ıcation				
High School	:	Address	:				
From:	То:	Did you graduate	YES NO	Degree:			
College:		Address					
From:	To:	Did you graduate	YES NO	Degree:			
Other:		Address					
From:	То:	Did you graduate	YES NO	Degree:			
		Refe	erences				
Please list t	hree professional reference	S.					
Full Name:			Relationship:				
Company:				Phone: ()		
Address:							
Full Name:			Relationship:				
Company:				Phone: (()		
Address:							
Full Name:			Relationship:				
Company:			r tolutionollip.	Phone: ()		
Address:				1 110110.	,		

		Previous Emplo	yme	ent			
Company:				Phone:	()	
Address:				Supervisor:			
Job Title:		Starting Salary	\$		Endin	g Salary:	\$
Responsibilities:							
From:	То:	Reason for Leaving	:				
May we contact your pro	evious supervisor for a	a reference?		NO			
Company:				Phone:	()	
Address:				Supervisor:			
Job Title:		Starting Salary	\$		Endin	g Salary:	\$
Responsibilities:							
From:	То:	Reason for Leaving	:				
May we contact your pro	evious supervisor for a	reference?		NO			
Company:				Phone:	()	
Address:				Supervisor:			
Job Title:		Starting Salary	\$		Endin	g Salary:	\$
Responsibilities:							
From:	То:	Reason for Leaving					
May we contact your pro	evious supervisor for a	YES a reference?		NO			
		Military Serv	vice				
Branch:				From:		To:	
Rank at Discharge:		Т	уре с	of Discharge:			
If other than honorable,	explain:						
Other Do you have a physical condition that might limit your ability to perform the job for which you are applying? Yes No If "Yes," please describe:							
List previous address, e	except military, if chang	ged within last 5 years.					
Street		City		State/Zip			Dates

Disclaimer and Signature

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this Application may result in immediate termination of my employment.

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.

I understand that it is J.L. Roberts Mechanical Contracting LLC's policy to prohibit the use, possession, transportation, or sale of illegal and non-prescribed drugs, and alcoholic beverages by its employees on the company's premise, by the company's employees while on duty, or by the company's employees in such a way that could damage the company's reputation in the general public. I understand that use of illegal or non-prescribed drugs, or alcoholic beverages in any such fashion is a violation of J.L. Roberts' policy. Accordingly, I hereby agree to submit to a pre-employment drug and/or alcohol test as a condition for my potential employment. I understand that failure to cooperate with any testing procedure will disqualify me from consideration from employment. I authorize any laboratory or medical provider to release test results to J.L. Roberts, and I expressly authorize J.L. Roberts Mechanical to release any test related information, including positive results, as needed. I understand that this agreement in no way limits my right to terminate my employment or be terminated in accordance with federal and state law. My signature below constitutes my consent to provide a sample of my blood, breath, urine, or other related sample for alcohol and drug testing analysis.

Applicant/Employee Name (Please Print)
Applicant/Employee Signature
Applicant/Employee Social Security Number



BACKGROUND INQUIRY RELEASE

In connection with my application for employment, I understand that an investigative background inquiry may be made on myself, including, but not limited to, identity and prior address(es) verification, criminal history, driving record, consumer credit history, education verification, prior employment verification, reference checks, and other information as desired. I, further understand that for the purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, county, municipal, corporate, private and other agencies or entities, which may maintain records concerning my past activities relating to my criminal conduct, civil court litigation, driving record, and credit performance, and other personal information. I hereby authorize without reservation any company, agency, party or other source contacted to furnish the above information as requested. I do hereby release, discharge and indemnify Advanced Screening Solutions LLC, JL Roberts Mechanical, their agents, and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses arising from the retrieving and reporting of the requested information. I acknowledge that a photocopy of this authorization may be accepted with the same authority as the original. This signed release expires one (1) year after the date of origination. PLEASE PRINT CLEARLY & USE YOUR FULL LEGAL NAME.

Company Name:	JL Roberts Mechanical	35
Applicant Full Legal Name:		
Last Name:	First Name:	MI:
Social Security Number:	Date of	Birth:
Present Address		
City:	State:	Zip:
Driver's License/ID:	Stat	re:
	Iability and responsibility for obta	hereby release ining my background report.
Sign:		Date