



It is the policy of Ward Mechanical Contractors, Inc. not to discriminate against any applicant. We consider applicants for all positions without regard to race, sex, national origin, age, sexual orientation, marital status, veteran status, disability, gender identity, gender expression, pregnancy, religion or any other legally protected status.

APPLICANT INFORMATION			
Last Name	First Name	Middle Initial	Date: ____/____/____
Street Address			Pronouns
City/State/Zip		Main Phone	Alt. Phone
Position Applied For	Date Available for Work		Salary Desired
In Case of Emergency Contact:			
Do you have any physical limitations that would prevent you from performing your job duties? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain:	
Are you available for weekend work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you available for night/on call work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes: State/License No./Expiration Date	
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever worked for Ward Mechanical? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when?	
Have you ever applied with Ward Mechanical? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, when?	

EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

REFERENCES CONTINUED*Please list three professional references.*

Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Why are you working now, or choosing to work, in HVAC?		Why do you want to work with Ward Mechanical?	

Military Service	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Acknowledgment and Signature
Please read carefully and sign that you acknowledge, understand, accept and agree to the information below
<p>I certify that the information on this application and any supporting documentation, resume' or interview is true, accurate and complete. I understand that any false information, omission of facts, willful or negligent misrepresentation or failure to disclose any required information constitutes sufficient grounds for elimination from consideration of employment or termination after employment, without notice, if discovered at a later date. I authorize Ward Mechanical Contractors, Inc. to investigate, without liability, all statements contained in this application, during my interview and any supporting documentation. I authorize my references and former employers, without liability, to respond in full to any inquiries in connection with this application for employment. I further understand that I will be required to submit to and pass a physical exam, criminal and credit background investigation and drug screening upon conditional offer of employment and this application serves as my consent to such. I also authorize Ward Mechanical Contractors, Inc. to obtain a Motor Vehicle Report (MVR) or any other reports deemed necessary to access my insurability. I understand that this application is NOT an offer of employment and that an offer of employment does NOT constitute a contract for any specific period of employment or for any continued, guaranteed or long-term employment. I understand that employment with Ward Mechanical Contractors, Inc. is "at will" and that both employer and employee have a right to terminate employment with or without cause and with or without notice. I further understand that if employed I will comply with all company rules, regulations and policies whether submitted in writing or communicated verbally to me. I also understand that the first 90 days of regular employment represent a probationary period and that I may be terminated without right of appeal.</p> <p>I acknowledge by my signature that I have read, agree to and fully understand these statements.</p> <p>_____</p> <p>Applicant Signature</p> <p>_____</p> <p>Date Signed</p>