

# CENTURY MECHANICAL CONTRACTORS, INC.

For Office Use Only:
Wage \$ _____
Jobsite: _____
TK: _____
DS/BG: _____

## APPLICATION FOR EMPLOYMENT

**Shirt Size:** \_\_\_\_\_

### We are an Equal Opportunity Employer

(No Discrimination on the basis of age, race, color, religion, sex, national origin, disability, veteran or other protected status)

PERSONAL INFORMATION				
NAME:	_____	Date: _____	Social _____	
	Last                      First                      Middle		Security #: _____	
PRESENT ADDRESS:	_____			
	Street	City	State	Zip Code
PERMANENT ADDRESS:	_____			
	Street	City	State	Zip Code
TELEPHONE NUMBER:	_____	Are you 18 years or older?	[Yes]	[No]

**IF YOU HAVE BEEN CONVICTED OF A FELONY, YOU MAY NOT BE ELIGIBLE FOR HIRE WITH THIS COMPANY.**

**YOU ARE SUBJECT TO MEDICAL & DRUG TESTING AT ANY TIME WITH THIS COMPANY. IT MAY BE NECESSARY TO UNDERGO A CRIMINAL BACKGROUND CHECK, DEPENDING ON THE PROJECT.**

DESIRED EMPLOYMENT	
POSITION DESIRED _____	DATE YOU CAN START _____
ARE YOU EMPLOYED NOW? [YES]    [NO]	IF SO, MAY WE CONTACT YOUR EMPLOYER? [YES]    [NO]
HAVE YOU EVER APPLIED WITH THIS COMPANY BEFORE? [YES]    [NO]    WHEN?	

EDUCATION				
School Level	Name & Location of School	No. Yrs. Attended	Did you Graduate	Subjects Studied
High School				
College				
Trade, Business, or Correspondence				

**LIST ANY JOB-RELATED MILITARY TRAINING, EXPERIENCE, OR RELATED COURSES OF STUDY.**

**FORMER EMPLOYERS**

(List Below Your Last Four Employers, Starting With the Last One First)

Date: Month & Year	Name & Address of Company	Phone No.	Salary	Position Held	Reason for Leaving
From - To -					
From - To -					
From - To -					
From - To -					

**REFERENCES**

(Names of Three Persons Not Related to You, Whom You Have Know At Least One Year.)

Name	Address	Phone No.	Business	Yrs. Known

- I am familiar with the mental and physical requirements of the job for which I am applying.  
 I certify that I am able to perform the tasks required (with or without accommodation) in the job for which I am applying.  
 I request the following accommodation to explain, demonstrate, or continue the employment application process.

\* I certify that the facts contained in this application are complete to the best of my knowledge and understand that, if employed, falsified or misleading statements or material omission of facts on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above (as well as other sources at management’s discretion, including those related to character and credit records) to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that any job offer may be conditional upon information obtained after the offer is made. I understand that employment with this company is “AT WILL”, which means that (if hired) my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice, and with or without explanation or reason. Wages will cease immediately upon termination of employment. I will not rely on any oral or written statements to the contrary unless IN WRITING and signed by an authorized official of the Company. Any legal action I may bring against the company regarding terms and conditions of employment must be initiated and maintained in the court of jurisdiction nearest the home office of the Company.

APPLICANT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY:  
NOTES:

DATE:

HIRE? [Yes] [No]

REPORT TO:

DATE TO START:

APPROVED BY: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
                            Employment Manager                      Department Head                      General Manager

This application will remain active for 2 weeks (14 days). If you desire continued consideration for employment, you may reapply after that time.

**CENTURY MECHANICAL CONTRACTORS, INC.**

**APPLICANT  
RELEASE OF CONFIDENTIALITY**

I, \_\_\_\_\_, hereby authorize my former employer(s), or its (their) agents, and any other person or entity shown on my "Application for Employment" with \_\_\_\_\_ to respond fully, truthfully, and candidly to all inquiries regarding:

- Dates of employment
- Position(s) held
- Pay and benefits
- Safety record
- Performance and ability
- Discipline and attendance records
- Reason for termination
- Re-hire status
- Other, listed below
- DO NOT release information to the following:

I understand that, without having signed and provided this release, companies and individuals may be reluctant to provide information regarding these matters other than dates of employment and position held, and I consider it to my advantage that they release more detailed information. By this authorization, I hold them harmless for the release of information that is accurate and truthful.

_____ Signature	_____ Date
_____ Witness	_____ Date

# CENTURY MECHANICAL CONTRACTORS, INC.

Please answer the following questions:

1. Do you speak and understand English? \_\_\_\_\_
2. Do you have a vehicle or reliable transportation? \_\_\_\_\_
3. Do you have your own set of hand tools? \_\_\_\_\_
4. If applying for a plumber's position, are you licensed in Texas?  
If so, how many years? \_\_\_\_\_
5. If licensed, please give license number. \_\_\_\_\_
6. If applying as a helper, are you registered in Texas? \_\_\_\_\_
7. If applying as a welder, are you certified on pressure pipe? \_\_\_\_\_
8. Please indicate the number of years you have experience in the following categories:

Plumbing	Residential	
	Apartment Building	_____
	Light Commercial	_____
	Heavy Commercial	_____
Pressure Pipe Welding	Light Commercial	_____
	Heavy Commercial	_____
9. Do you have any experience operating a backhoe? \_\_\_\_\_
10. Do you have any experience using the following tools:

Cutting Torch _____	Plumber's Pot _____
Pipe Machine _____	Core Drilling Machine _____
11. Have you ever been a foreman?  
If yes, how many people were you in charge of? \_\_\_\_\_
12. Do you have experience as a pipefitter?  
If yes, how many years? \_\_\_\_\_
13. Can you read plans? \_\_\_\_\_

Please list any other information you consider relevant to the position you are applying for:

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# CENTURY MECHANICAL CONTRACTORS, INC.

## APPLICANT STATEMENT

1. I certify and agree that: Any material misrepresentation (deliberate or otherwise) or omission of facts or information in my application or interview may be justification for refusal of employment. This application is a sincere effort to obtain employment and for no other purpose. If I am employed, falsification or omission of any information may result in termination. If offered employment, I understand that the offer may be conditional upon verification of information I provide, as well as other information obtained by the Company.
2. In applying for employment I understand that the Company may make a thorough investigation of my entire work and personal history (including credit checks and criminal background), and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Company, and I release from liability any person giving or receiving such information. I understand that falsification of data given or any derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal if the company considers such information to be pertinent to employment.
3. I agree that my employment may be terminated by the Company with or without cause at any time without liability whatsoever, except for wages or salary as may have been earned at the date of termination. If requested by management, I authorize any physician, hospital, clinic, or laboratory to release any information that may be necessary to determine my ability to satisfactorily perform the duties of a job I am being considered for, prior to employment, or in the future during my employment with the Company.
4. I understand that management may make efforts to accommodate individual preferences, but that business needs may make the following conditions mandatory: Overtime, Out-of-Town Travel, Shift Work, Rotating Work Schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment or continued employment.

I understand that no employment contract is being offered or created at this time. No employee has a contract of employment with this Company unless it is IN WRITING and signed by an authorized officer of the Company. I also understand that if I am employed, my employment will be for an indefinite period of time, and that the Company can change wages, benefits, and conditions of employment at any time, with or without notice, and without prior approval of any employee or employee group, and that any legal action regarding my employment must be initiated and maintained in the court of jurisdiction nearest the home office of the company.

*I have read and understand this paper, and I have had the opportunity to ask for explanations of any portion I may not have understood.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMPLOYMENT DATA RECORD

**\*\*The Employment Data Record will be detached and kept in a Confidential File and will not be a part of your Application for Employment.\*\***

Employees and applicants are treated without regard to race, color, religion, age, sex, national origin, marital or veteran status, sexual orientation, medical condition or disability or any other legally protected status.

The purpose for this Employment Data Record is to comply with government record keeping, reporting, and other legal requirements. This data is for statistical analysis with respect to the success of our Affirmative Action program. Although completion of this Employment Data Record is optional, your assistance in providing the information is appreciated.

**Please Note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Election of Affirmative Action: \_\_\_ Yes, I choose to be involved. \_\_\_ No, I do not choose to be involved.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please complete the following:

Last Name	First Name	Middle Initial
Address		
City	State	Zip
Social Security Number		

Position Applied For:

How Did You Hear About This Position?

Circle One:                      Male                      Female

Choose One:                      Caucasian                      Hispanic                      Native American  
    African American                      Other                      Asian/Pacific Islander

### DISPOSITION (For Company Use Only)

Hired \_\_\_\_\_

Rejected Offer \_\_\_\_\_

Did Not Hire \_\_\_\_\_ Reason \_\_\_\_\_

\*This form must be downloaded to your computer before you can submit the form.