



# APPLICATION FOR EMPLOYMENT

Today's Date: \_\_\_/\_\_\_/\_\_\_ Date you are available to begin employment: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_  
 First Full Middle Last Suffix(Jr., III, etc.)

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you **UNDER** 18 years of age?  Yes  No How did you hear about us? \_\_\_\_\_

**Type of position you are interested in:** (check as many as you are interested in)

- |  |   |  |
|--|---|--|
| <u>Primary</u>                         | <u>Secondary</u>                                  |  |
| <input type="checkbox"/> Millwright    | <input type="checkbox"/> Estimate/bid jobs        | <input type="checkbox"/> Mechanical Labor        |
| <input type="checkbox"/> General Labor | <input type="checkbox"/> Mechanic                 | <input type="checkbox"/> Working Crew Supervisor |
| <input type="checkbox"/> Welder        | <input type="checkbox"/> CDL class A driver       | <input type="checkbox"/> Clerical                |
|  | <input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Other _____             |

**Indicate previously learned skills:** (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Millwright        | <input type="checkbox"/> Pipe Fitting              | <input type="checkbox"/> HVAC                       |
| <input type="checkbox"/> Welding (Stick)   | <input type="checkbox"/> Heavy Equipment Operation | <input type="checkbox"/> Machine Maintenance        |
| <input type="checkbox"/> Welding (Mig)     | <input type="checkbox"/> Machinist                 | <input type="checkbox"/> Concrete Work              |
| <input type="checkbox"/> Grinding          | <input type="checkbox"/> Driver (CDL)              | <input type="checkbox"/> Read Blueprints/Schematics |
| <input type="checkbox"/> Torch Work        | <input type="checkbox"/> Carpentry                 | <input type="checkbox"/> Plumbing                   |
| <input type="checkbox"/> Rigging           | <input type="checkbox"/> Auto Repair               | <input type="checkbox"/> Computer use               |
| <input type="checkbox"/> Metal Fabrication | <input type="checkbox"/> Electrical                | <input type="checkbox"/> Clerical                   |

**Indicate if you have currently or previously held certification in:** (check all that apply)

- Stick  Mig  Tig  Forklift  Crane  Rigging  Oxy/Acetylene Torch  OSHA  MSHA

**Do you own the tools listed on the Millwrights Required Equipment sheet?\***  All  Some

(\*Note: If hired you are required to possess and bring said items to every job within six months of hire and notify us of all items you do not currently possess so that we may temporarily provide them.)

<u>Education:</u>	<i>Circle Year Completed</i>	<i>Did You Graduate?</i>	<i>School Name</i>	<i>Subject studied/Degree(s)</i>
High School	1 2 3 4	Y N	_____	_____
College	1 2 3 4	Y N	_____	_____
Other/Trade	1 2 3 4	Y N	_____	_____

Seminars/training attended: \_\_\_\_\_

**Physical Record:** (Most positions require full face respirator certification and vigorous physical activity.)

Do you have any limitations that prevent you from performing any work for which you are applying?  Yes  No

If yes, what can be done to accommodate your limitations? \_\_\_\_\_

How much can you lift on a regular basis?  10-30lbs  30-70lbs  70-90lbs  90+lbs

Are you comfortable climbing ladders/scaffolds and grated stairways to various heights?  Yes  No

**Do you have a VALID Driver's License?**  Yes  No **State** \_\_\_\_\_ **Class** \_\_\_\_\_ **Exp** \_\_\_/\_\_\_/\_\_\_

**License limits or restrictions?**  Yes  No **If yes, please list:** \_\_\_\_\_

**Do you have reliable transportation?**  Yes  No

**If yes, what is your method of transportation?**  Personal Vehicle  Other \_\_\_\_\_

**Do you have any restrictions traveling out of state including air travel?**  Yes  No

**Describe in detail your preferences concerning being scheduled:** (Keep in mind our nationwide travel, varied hours, varied lengths of projects ranging from one shift to months at a time on the road, the seasonal cycle of mill work and often short notice time-sensitive emergency shut downs.)  
\_\_\_\_\_  
\_\_\_\_\_

**What is your wage expectation?** \$\_\_\_\_\_ per hour or \$\_\_\_\_\_ annually

**Describe your goals for professional growth?** \_\_\_\_\_  
\_\_\_\_\_

**Do you prefer solo projects or working with a team?** \_\_\_\_\_

**Do you prefer to receive direction or lead tasks?** \_\_\_\_\_

**What types of work do you most enjoy?** \_\_\_\_\_

**What types of work do you least enjoy?** \_\_\_\_\_

**What do you feel are the advantages or disadvantages of working for a large corporation?**  
\_\_\_\_\_

**What do you feel are the advantages or disadvantages of working for a family-owned firm?**  
\_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor\*?**  Yes  No

\*You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied. **If Yes, for each conviction indicate date of conviction, nature of charge.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**List 3 professional references (not family members) for us to contact:**

<i>Name</i>	<i>Phone #</i>	<i>Job you worked together</i>	<i>Relationship to you (i.e., supervisor, co-worker)</i>
1)	_____	_____	_____

2)	_____	_____	_____
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3)	_____	_____	_____
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**List any other experiences or information about yourself that may help us know you better:**  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment:** (Put most recent at top and complete fully even if resume is attached.)

Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
City & State \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Job Duties \_\_\_\_\_ Why left \_\_\_\_\_  
Salary \_\_\_\_\_

\*\*\*\*\*  
Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
City & State \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Job Duties \_\_\_\_\_ Why left \_\_\_\_\_  
Salary \_\_\_\_\_

\*\*\*\*\*  
Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
City & State \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Job Duties \_\_\_\_\_ Why left \_\_\_\_\_  
Salary \_\_\_\_\_

\*\*\*\*\*  
Company Name \_\_\_\_\_ Supervisor \_\_\_\_\_  
City & State \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Job Duties \_\_\_\_\_ Why left \_\_\_\_\_  
Salary \_\_\_\_\_

**Explain any period of time not accounted for in your employment record:** \_\_\_\_\_

*I understand that to falsify or omit information is grounds for refusing to hire me, or for discharge should I be hired. I certify that all the facts in this (3 page) application are true and authorize investigation of all statements herein. I acknowledge that you will be conducting reference verifications on all the above listed employers unless I specifically make a request to the contrary. I understand and agree that any one or more of the following may be required as a condition of pre-employment, and/or continued employment: Physical Examination, Pulmonary Function Assessment, Audiogram, Drug Screen, Respiratory Evaluation and Respirator Fit Tests, Criminal Record Check, DMV record history. I further understand and agree that should I terminate my employment of my own volition or be terminated for just cause by my employer within 90 days following commencement of my employment, any company paid testing and/or training, any fees incurred for the above-mentioned procedures and/or training (including but not limited to CPR/AED, forklift certification, etc.) will be my responsibility. I understand that the cost of any company issued equipment that is not returned will also be my responsibility. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.*

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

# Authorization/Release Form

I hereby authorize Zayachek Mechanical, Ltd. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Zayachek Mechanical, Ltd. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Zayachek Mechanical, Ltd. and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand this authorization automatically expires one year from the date executed below and that I have the right to revoke the authorization at anytime provided I do so in writing.

Print Name: \_\_\_\_\_  
                    First                    Full Middle                    Last                    Suffix                    Maiden

Former Name & Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
                    Month/Year                    Street                    City                    State/Zip

Previous Address From: \_\_\_\_\_  
                    Month/Year                    Street                    City                    State/Zip

Previous Address From: \_\_\_\_\_  
                    Month/Year                    Street                    City                    State/Zip

Social Security Number XXX - XX - \_\_\_\_\_ Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_ Cell Phone Number (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_