



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job-related medical condition or handicap.

Application for Employment

Halverson Mechanical, Inc.
2488 South 1620 West
Ogden, Utah 84401
(801) 621-4762

Date of Application (Please Print)

Position(s) Applied For

Referral Source: Friend (Name) Relative (Name)
Advertisement Walk-In Employment Agency Other

Name First Middle Last

Address Number Street City State Zip Code

Home Telephone Number Cell Phone Number

Email Address

Journeyman or Apprentice License Number

Valid Driver's License Number

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give date

Have you ever been employed here before? Yes No

If yes, give date

Are you employed now? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status may be required upon employment)

On what date would you be available for work?

Are you available to work Full Time Part-Time Temporary

Are you on a lay-off and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No (Conviction will not necessarily disqualify applicant from employment.) If yes, please explain

Veteran of the U.S. Military service? Yes No If Yes, Branch _____
Languages you speak, read and/or write. English ___ Spanish ___ Other _____
Give name, address and telephone number of three references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below
 Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following:

Race / Ethnic Group:
 White Black Hispanic American Indian / Alaskan Native
 Asian / Pacific Islander

Check if any of the following are applicable:
 Vietnam Era Veteran Disabled Veteran Handicapped Individual

Employment Experience (Attach Resume)

Start with your present or last job. Include military service assignments and volunteer activities Exclude organization name which indicate race, color, religion, sex or national origin.

Employer _____ Address _____
Job Title _____ Supervisor _____ Phone Number _____
Reason for Leaving _____
Dates Employed: From _____ To _____ Hourly Rate / Salary _____
Work Performed _____

Employer _____ Address _____
Job Title _____ Supervisor _____ Phone Number _____
Reason for Leaving _____
Dates Employed: From _____ To _____ Hourly Rate / Salary _____
Work Performed _____

Employer _____ Address _____
Job Title _____ Supervisor _____ Phone Number _____
Reason for Leaving _____
Dates Employed: From _____ To _____ Hourly Rate / Salary _____
Work Performed _____

Employer _____ Address _____
Job Title _____ Supervisor _____ Phone Number _____
Reason for Leaving _____
Dates Employed: From _____ To _____ Hourly Rate / Salary _____
Work Performed _____

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience _____

Highest Level of Education Completed (Circle) 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4
Presently enrolled in School? Where? What Level?

Applicants Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

By typing my full name below, I am digitally signing and agreeing to this document and the information supplied.

Signature of Applicant

Date

Pre-Employment Physical

A Pre-Employment Physical is part of the Company's overall pre-employment procedures which enables our company to analyze your eligibility for employment. One of the requirements for consideration of employment is satisfactory passing of the Company's Urine Drug Screen Test. Please read the following instructions and information carefully:

Applicant:

I am presently taking, or have recently taken the following drugs / medications (prescription / nonprescription)

Notice:

This company has a policy that prohibits the possession and/or use of illegal and unauthorized drugs. Halverson Mechanical Inc. periodically searches and urine screens its employees as an enforcement measure in providing a safe working environment. You may be *dropped* from consideration for employment with our company if the results of your Urine Drug Screen indicate that you are applying for a job while you are using any unauthorized or illegal drugs. (The applicant may choose to have a second methodology test performed on the same positive urine sample; however, the second test must be *paid* for by the applicant.)

Applicant:

I have read and understand this phase of the pre-employment medical requirements. I accept the conditions for consideration of employment and consent to the requirements of both the urine drug screen and any other pre-employment physical examinations. I agree in submitting to this medical test that the testing agency is authorized by me to provide the results of this test to the Company. I further agree to hold the Company, its agents, directors, officers, and employees harmless from any and all liability in connection with the testing for drug and/or alcohol content.

Employee Signature

Witness Signature

Date

Date