

Application for Employment

AN EQUAL OPPORTUNITY EMPLOYER



MECHANICAL AIR SYSTEMS COMPANY
2417 South Federal Ave
Mason City, IA 50401

NOTICE: YOU ARE REQUIRED TO PERFORM A PRE-EMPLOYMENT DRUG TEST.

For positions requiring specific physical abilities, a passing score on a CRT Machine Test will also be required.
Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department. This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Title 1 of the Americans with Disabilities Act of 1990 requires an employer to provide reasonable accommodation to qualified individuals with disabilities who are employees or applicants for employment, unless to do so would cause undue hardship.

PLEASE PRINT

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employee Agency
 Walk In Private employee Agency Other _____

WE DO DRUG TESTING FOR PRE-EMPLOYMENT, POST ACCIDENT, AND SUSPICION.

Name _____

Address _____

Telephone # _____

If necessary, best time to call you at home is.....

AM
PM

May we contact you at work?..... Yes No

If yes, work number and best time to call..... (____) _____ AM
PM

If 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 or year applied..... ____/____/____

Have you ever been employed here before?..... Yes No

If yes, give dates..... From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country?..... Yes No
(Proof of US Citizenship or immigration status will be required upon employment.)

Date available for work..... ____/____/____

Type of employment desired Full Time Part Time Temporary Seasonal Educational

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

Will you relocate if job requires it?..... Yes No

Will you travel if job requires it?..... Yes No

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No

Have you ever been bonded?..... Yes No

Have you ever been convicted of a felony in the last (7) years?..... Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain _____

Drivers license number (if job related) _____ State _____

Employment History

List your last (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Dates Employed		Summarize the nature of the work performed and job responsibilities:
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Final		
Immediate Supervisor and Title	\$	per	
Reason for Leaving	Hourly Rate/Salary		
	Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Later	\$	per	

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May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Later	\$	per	

Comments (including explanation of any gaps in employment) _____

Skills and Qualifications – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job related functions for the position which you are applying _____

Personal Background (if job related)

A. List last (3) schools attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade point average or class rank. E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

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.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

_____/_____/_____
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER _____ DATE _____/_____/_____

Employed Yes No Date of Employment _____/_____/_____

Job Title _____ Hourly Rate/Salary \$ _____ Department _____

By _____ Date _____/_____/_____
NAME AND TITLE

NOTES: _____

