

### APPLICATION FOR EMPLOYMENT

Adkins and Kimbrough Mechanical, LLC is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information. Applications are valid for 45 days after being submitted. After 45 days, you should reapply if you are still interested in obtaining a job.

#### INTRODUCTORY INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

#### APPLICANT QUESTIONS:

Position desired: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  Yes  No

Are you 18 years of age or older?  Yes  No

How were you referred to AKM? \_\_\_\_\_

#### EDUCATION:

##### High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

##### College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

##### Other Schooling or Training

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Do you hold an OSHA 10 Hour Certification Card?  Yes  No

Are you willing to submit to a criminal background screening?  Yes  No

Have you worked for Adkins and Kimbrough or J. Adkins Mechanical before?  Yes  No

If so when? \_\_\_\_\_

#### MILITARY EXPERIENCE:

Branch of Service: \_\_\_\_\_ Rank/Type of Service: \_\_\_\_\_

Job-Related Training/Experience: \_\_\_\_\_

The following question is asked on a voluntary basis: Are you a Service Disabled Veteran?  Yes  No

**RECORD OF EMPLOYMENT:**

List positions starting with most recent:

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WORK-RELATED REFERENCES: (Do not include relatives)**

Name	Occupation	Contact Information Phone and/or email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that Adkins and Kimbrough Mechanical, LLC requires the successful completion of a drug and/or alcohol test as a condition of employment.

**I understand this application will be active for a period of 45 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**AKM Witness Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_