

**NOTICE:** Please fill out application completely. Submit in person or to  
jobs@casamechanical.com

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT OR TYPE)

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: Please PRINT or TYPE Last Name, First Name and Middle Initial

Home Telephone No.

(    )

ADDRESS: Street Number and Name, City State, Zip Code

Are you 18 years old or over?

Yes     No

Permanent forwarding address (if different from above.)

If under the age of 18, do you  
Have a work permit?

Yes     No

For which POSITION are you applying?

Date Available

Have you ever worked for this Company before?

Yes     No

"yes", provide date and position \_\_\_\_\_

How were you referred to us?     Advertisement

Employee (Name: \_\_\_\_\_)

Walk-in

College

Other

Type of Employment: Please check box (as) as appropriate:

Full Time

Part Time

Temporary

Can you, within 3 days after employment begins, submit verification of your legal right to work in the United States?

Yes     No

Note: An affirmative response to this question will not necessarily disqualify an applicant from employment.

### EDUCATION/TRAINING

List below your education your education background, including high school, all colleges, trade and military service schools.

School Information	LOCATION (City and State)	Major	Graduated	Degree
High School / Trade School				
College / Trade School				

Vocational and/or Professional Information (i.e. research projects, theses subject, publications, patents, seminars, job related hobbies, volunteer work).

NOTE: Do not list courses taken towards a degree or diploma.

**EMPLOYMENT HISTORY**

Please list your complete job history for the past ten years or your past four employers. Start with your present employer. You may attach a resume and You may attach a separate list that provides the same information as requested below and may also include work performed on a volunteer basis. Please also identify and explain any periods of unemployment during the past ten years.

Company Name (most recent or present employer)	Telephone ( )	Dates of Employment Month/Year
Type of Business		
Address (Street Number and City, State, Zip Code)		Starting Base Salary \$ per
Your Job Title	Supervisor: Name _____ Title _____	Final Base Salary \$ per

Reason you left or are considering leaving:

May we contact your present employer?  YES  NO

If "no", may we contact your present employer upon acceptance of our employment offer to you?  YES  NO

Describe your duties:

Company Name	Telephone ( )	Dates of Month/Year
Type of Business		
Address (Street Number and City, State, Zip Code)		Starting Base Salary \$ per
Your Job Title	Supervisor: Name _____ Title _____	Final Base Salary \$ per

Reason you left or are considering leaving:

Describe your duties

Company Name	Telephone ( )	Dates of Employment Month/Year
Type of Business		
Address (Street Number and City, State, Zip Code)		Starting Base Salary \$ per
Your Job Title	Supervisor: Name _____ Title _____	Final Base Salary \$ per

Reason you left or are considering leaving:

Describe your duties

<b>Company Name</b>	Telephone ( )	Dates of Employment Month/Year
Type of Business		
Address (Street Number and City, State, Zip Code)		Starting Base Salary \$ per
Your Job Title	Supervisor: Name _____ Title _____	Final Base Salary \$ per

Reason you left or are considering leaving:

Describe your duties

<u>Name of Other Employers</u>	<u>Dates of Employment</u>	<u>Job Title</u>	<u>Reason for Leaving</u>

**REFERENCES**

Please list three persons best qualified to comment on your related experience and/ or educational background. Do not include relatives.

Name	1.	2.	3.
Title/Relationship			
Years Known			
Address			
Business Telephone	( )	( )	( )

If you have ever used a different name for employment or educational purposes, please indicate this name. \_\_\_\_\_

EMPLOYEE AUTHORIZATION FOR:  
CRIMINAL HISTORY BACKGROUND CHECK

I'm aware that a Criminal History Background Check for the last 20 years will be run in Accordance with the new Legislation passed September 1, 2003 for employees that will Be entering inhabited client homes for service or repair.

Results of this report will be provided to General Managers of each department and filed in your permanent employment files.

Print Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

D.O.B.

Administrator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Checks will only be ran upon hiring

EMPLOYEE AUTHORIZATION FOR MVR REVIEW

I acknowledge that as a driver of a CMS vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage.

I understand that CMS will periodically review my Motor Vehicle Record to determine continued eligibility to drive a CMS vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purpose.

I acknowledge the receipt of the above disclosure and authorize Casa Mechanical Services or its designated agent to obtain a Motor Vehicle Record report. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

I understand the CMS Vehicle Fleet Safety Policy, which will be furnished upon hire, and will abide by its rules. I understand failure to follow the provided policy can be cause for termination.

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Printed Employee's Name

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Driver's License Number

/ /  
Date of Birth

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Employee's Signature

Date

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Administration's Signature

Date

- Background checks will be run upon hiring