

O.L. Jacobs' Sons

MECHANICAL CONTRACTOR

EMPLOYMENT APPLICATION

Please fill in all areas requested and sign the application. Applicants may be tested for illegal substances. We are an Equal Opportunity Employer who does not discriminate on the basis of race, color, age, gender, religion, disability or national origin. Consistent with the Americans with Disabilities Act (ADA), please request any accommodation necessary for the application for employment process.

Name _____ Date _____
 Last First M. Initial

Present Address _____
 Number Street Name
 City State Zip Code

How long at this address? _____ Social Security No. _____

Home telephone _____ Work telephone _____ Cell Phone _____

Essential Functions: The positions at Daflure require that, at a minimum, employees be able to 1) Walk potentially long distances, 2) Be on their feet all day, 3) Be able to lift 25+ pounds in weight, 4) Be able to reach and lift arms over shoulder level, 5) Have the ability to look up and/or down for extended periods, 6) Have visual acuity, 7) some positions require a valid driver's license and insurance.

Based on the Essential Functions above, do you require "reasonable accommodation" under the ADA in order to perform the work of **any** of Daflure's positions? If so, what reasonable accommodation?

Position applied for _____ Days/hours available to work: _____

Salary desired _____ Days Available: M T W Th F Sat Sun

Type of employment: Full-Time Part-Time Hours Available _____

Date available to start work _____ Are you willing to work overtime? Yes No

Are you willing to work out of town? Yes No

Are there any circumstances that would prevent you from being able to report on time for work or perform work for Daflure or follow their policies?

Have you ever applied with our Company before? Yes No
 If yes, for what position/on what date? _____

Have you ever been fired from another position? Yes No If so, what Company and why?

Are you over 18 years of age? Yes No

Are you a U.S. Citizen? Yes No Are you legally eligible to work in the U.S.? Yes No

- Do you currently have:
- 1) A current plumbing certification? Yes No
 - 2) A current plumbing inspection license? Yes No
 - 3) A current PA refrigerant certification/license? Yes No
 - 4) A current HVAC certification/license? Yes No
 - 5) Any other certifications/licenses? Please explain: _____

Education

Type of School	Name of School	Address	Years Completed	Major/Degree

How many years of experience do you have in plumbing? Level: ___Journeyman ___Foreman
 Do you have plumbing experience in: ___ Commercial ___ Single/Residential ___ Multi-Family units

How many years of experience do you have in HVAC? Level: ___Journeyman ___Foreman
 Do you have HVAC experience in: ___ Commercial ___ Single/Residential ___ Multi-Family units

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WORK EXPERIENCE

Employer Name, Address & Telephone	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		
Reason for leaving (specifically)			
Employer Name, Address & Telephone	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		
Reason for leaving (specifically)			
Employer Name, Address & Telephone	Name of Supervisor	Employment Dates	Salary
	Position Title & Duties		
Reason for leaving (specifically)			

May we contact your present & previous employers? Yes No

Did you complete this application yourself? Yes No If not, name of person who did _____

HAVE YOU EVER BEEN CHARGED WITH A FELONY OR MISDEMEANOR? NO YES
 HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? NO YES

If the answer is yes, please explain the offenses charged or convicted, the date, the sentence imposed, and/or other pertinent information.

Have you ever been in the U.S. Armed Forces? Yes No

If so, please list the branch, your dates of service, your rank and your duties

If discharged from the U.S. Armed Forces, were you honorably discharged? Yes No If no, please explain.

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EMPLOYMENT APPLICATION – Page 3

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REFERENCES

List the information for three (3) references for persons not related to you whom you have known for at least 1 year

Name	Phone Number	E-mail Address	Relationship	Job Title of Reference

VEHICLE & DRIVER'S LICENSE INFORMATION

Do you have personal transportation Yes No What type?
Do you have a current, valid driver's license? Yes No
Has your driver's license ever been suspended? Yes No If yes, please explain?

Driver's License No.	State Issued	Expiration Date	Class

Do you currently have valid vehicle insurance? Yes No If yes, name of insurer _____
Policy number of insurer? _____
Have you had any motor vehicle accidents in the last three (3) years? Yes No
If the answer is yes, how many? _____
Please describe the circumstances and if you were cited as a result?

Have you had any moving violations in the last three (3) years? Yes No If yes, how many? _____

I certify that the facts contained in this employment application are true, complete and correct to the best of my knowledge. I understand that any false information, omission or misrepresentation may be cause for refusal to hire or termination, or if I have been employed by the Company, no matter on what date discovered by the Company, my employment may be terminated at the time such is discovered.

I authorize the Company to contact my references to obtain information about myself and my character. I further authorize the Company to thoroughly investigate and perform background/criminal background checks as necessary to obtain information regarding my employment history, my educational history, character, and any other necessary information in order to determine my suitability for employment with the Company. I authorize and agree that the Company may perform whatever drug testing is required for this position.

I understand and agree that nothing contained in this application, or conveyed during interview, is intended to create an employment contract, unless a contract is memorialized in writing and signed by all relevant parties. I understand and agree that, if hired, my employment is "at will" in accordance with the Laws of Pennsylvania, without fixed term, and may be terminated at any time, with or without cause or prior notice, at the option of either myself or the company.

I understand that completing this form does not indicate that there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

DATE _____ SIGNATURE OF APPLICANT _____