

JOB APPLICATION FORM

Vaughn Mechanical, Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, or disability that does not prohibit performance of essential job function. If you are an individual with a disability and need reasonable accommodation to participate in the hiring process, please contact the Office Manager at (360) 357-9973.

PERSONAL INFORMATION

TO BE CONSIDERED FOR EMPLOYMENT, PLEASE COMPLETE THE FOLLOWING QUESTIONS COMPLETELY, EVEN IF ATTACHING A RESUME.

Position Applying for:		Date:
Last Name:	First Name:	Middle:
Present Address:	City/State:	Zip:
Home Phone:	Business/Message Phone:	E-Mail Address:

Have you ever worked for Vaughn Mechanical before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any relatives employed by Vaughn Mechanical? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Who?
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Do you have the legal right to be employed in the US? Yes No

If hired, you will be required to submit proof of identity and eligibility to work in the United States as required by the Immigration Reform and Control Act of 1986.

Have you ever been convicted of anything other than minor traffic violations? Yes No If YES, Please explain:

(Let's face it. Nobody's perfect. A conviction will not necessarily bar you from employment, each conviction will be judged on its own merits with respect to time, position, circumstance and seriousness.)

CONDITIONS OF EMPLOYMENT

In submitting this application, I understand that false statements will disqualify me for employment or cause my subsequent dismissal. I understand that, if accepted for employment, I shall be required to provide proof of identity and eligibility to work in the United States (in compliance with the Immigration Reform & Control Act of 1986).

Vaughn Mechanical, Inc. is a Smoke-Free work environment. Smoking (including smokeless tobacco) is not permitted on Vaughn Mechanical, Inc. owned and operated premises, except where designated. Vaughn Mechanical, Inc. is a drug free work place – all prospective employees must take and pass a drug test as part of the employment process.

I understand that in no event shall my hiring be considered as creating a contractual relationship between myself and Vaughn Mechanical, Inc. and unless otherwise provided in writing, such relationship shall be defined as “employment at will” where either party may dissolve the relationship.

I understand that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize Vaughn Mechanical, Inc. and/or affiliates to investigate the truthfulness of all statements made in this application, contact my former employers or other persons, who can verify information concerning this application, and I release and indemnify each person and organization from liability for providing information to Vaughn Mechanical, Inc.

SIGNATURE OF APPLICANT (Unsigned applications are invalid)
DATE

EDUCATION/TRAINING HISTORY

List Colleges, military, trade, business or other schools attended.

Name/Location of School	Course of Study (List Major)	Graduated (Yes/No)	Type of Degree/Certificate

List any Skills or knowledge that show your ability to perform the job for which you are applying. (such as typing/keyboard speed, computer languages or software programs, foreign languages, etc.)

EMPLOYMENT VERIFICATION

LIST YOUR LAST THREE EMPLOYERS FOR EMPLOYMENT VERIFICATION PURPOSES

1.	Current/Last Employer's Name, Address & Phone Number:		
	Supervisor's Name/Phone Number:		Your Job Title:
	Employed (Month/Year) From:	Salary:	Reason for Leaving:
	To:		
2.	Prior Employer's Name, Address & Phone Number:		
	Supervisor's Name/Phone Number:		Your Job Title:
	Employed (Month/Year) From:	Salary:	Reason for Leaving:
	To:		
3.	Prior Employer's Name, Address & Phone Number:		
	Supervisor's Name/Phone Number:		Your Job Title:
	Employed (Month/Year) From:	Salary:	Reason for Leaving:
	To:		

REFERENCES

Name:	Phone:
Name:	Phone:
Name:	Phone: