



## EMPLOYMENT APPLICATION

(Please Print Clearly)

3728 Cherry Rd. • Memphis, TN 38118

(901) 367-7288 • Fax: (901) 360-8340

Rushing Mechanical, Inc. is an Equal Opportunity Employer.

Position(s) Applying for:

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Carrier: \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address: (if available) \_\_\_\_\_ D.O.B: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How did you hear about our company? \_\_\_\_\_

### EMPLOYMENT INFORMATION

Citizenship/Work Status: ☐ U.S. Citizen ☐ Green Card Holder ☐ U.S. Work Permit/Visa ☐ Canadian Citizen ☐ Canadian Work Permit/Visa

Current Employer: (if any) \_\_\_\_\_

Years of Work Experience directly related to the position you are applying for: \_\_\_\_\_

Employment Type Desired: ☐ Full-Time ☐ Part-Time

Desired Compensation: \$ \_\_\_\_\_ ☐ Hourly ☐ Annual

Other Compensation Desired: \_\_\_\_\_

When are you available to start work? \_\_\_\_\_

### EDUCATION

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION | # OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|----------|----------------------|----------------|
| High School          |                |          |                      |                |
|                      |                |          |                      |                |
| College/University   |                |          |                      |                |
|                      |                |          |                      |                |
| Bus. Or Trade School |                |          |                      |                |
|                      |                |          |                      |                |
| Professional School  |                |          |                      |                |
|                      |                |          |                      |                |

## CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (except any minor traffic violations)? ☐ No ☐ Yes

If yes, please explain and attach any relevant documentation. \_\_\_\_\_

\_\_\_\_\_

## DRIVER'S LICENSE INFORMATION

\*\*\* A COPY OF ALL LICENSES MUST BE PRESENTED TO OFFICE AT TIME OF APPLICATION COMPLETION.

DO YOU HAVE A VALID DRIVER'S LICENSE? ☐ Yes ☐ No

Do you have reliable transportation to work (please be specific)? \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

☐ Operator ☐ Commercial (CDL) ☐ Chauffeur Do you have a clean driving record? ☐ Yes ☐ No

List any Moving Violations and/or Accidents from the last 3 years: \_\_\_\_\_

## WORK EXPERIENCE

Please list your work experience for the past 5 years beginning with your most recent job. If you were self-employed, give firm name. Attach additional sheets if necessary. Attach Resume if applicable.

|                                                                                                                                    |                         |                  |               |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|---------------|
| Name of employer:                                                                                                                  | Name of last supervisor | Employment Dates | Pay or Salary |
| Address with city/state/zip:                                                                                                       |                         | From:            | Start:        |
| Phone:                                                                                                                             |                         | To:              | Final:        |
| Your last job title:                                                                                                               |                         |                  |               |
| Specific reason for leaving:                                                                                                       |                         |                  |               |
| List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company: |                         |                  |               |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No                                             |                         |                  |               |

|                                                                                                                                    |                         |                  |               |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|---------------|
| Name of employer:                                                                                                                  | Name of last supervisor | Employment Dates | Pay or Salary |
| Address with city/state/zip:                                                                                                       |                         | From:            | Start:        |
| Phone:                                                                                                                             |                         | To:              | Final:        |
| Your last job title:                                                                                                               |                         |                  |               |
| Specific reason for leaving:                                                                                                       |                         |                  |               |
| List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company: |                         |                  |               |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No                                             |                         |                  |               |

|                   |                         |                  |               |
|-------------------|-------------------------|------------------|---------------|
| Name of employer: | Name of last supervisor | Employment Dates | Pay or Salary |
|-------------------|-------------------------|------------------|---------------|

|                                                                                                                                    |  |       |        |
|------------------------------------------------------------------------------------------------------------------------------------|--|-------|--------|
| Address with city/state/zip:                                                                                                       |  | From: | Start: |
| Phone:                                                                                                                             |  | To:   | Final: |
| Your last job title:                                                                                                               |  |       |        |
| Specific reason for leaving:                                                                                                       |  |       |        |
| List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company: |  |       |        |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No                                             |  |       |        |

|                                                                                                                                    |                         |                  |               |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|---------------|
| Name of employer:                                                                                                                  | Name of last supervisor | Employment Dates | Pay or Salary |
| Address with city/state/zip:                                                                                                       |                         | From:            | Start:        |
| Phone:                                                                                                                             |                         | To:              | Final:        |
| Your last job title:                                                                                                               |                         |                  |               |
| Specific reason for leaving:                                                                                                       |                         |                  |               |
| List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company: |                         |                  |               |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No                                             |                         |                  |               |

|                                                                                                                                    |                         |                  |               |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------|---------------|
| Name of employer:                                                                                                                  | Name of last supervisor | Employment Dates | Pay or Salary |
| Address with city/state/zip:                                                                                                       |                         | From:            | Start:        |
| Phone:                                                                                                                             |                         | To:              | Final:        |
| Your last job title:                                                                                                               |                         |                  |               |
| Specific reason for leaving:                                                                                                       |                         |                  |               |
| List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company: |                         |                  |               |
| May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No                                             |                         |                  |               |

## HVAC INDUSTRY SKILLS

**HVAC INDUSTRY SKILLS SECTION INSTRUCTIONS:** ONLY select the specific industry skills that you consider yourself to be **very knowledgeable** about, with a **high level of competency**.

- |                                                |                                                  |
|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Electrical            | <input type="checkbox"/> Boilers / Water heaters |
| <input type="checkbox"/> Thermodynamics        | <input type="checkbox"/> Ductwork                |
| <input type="checkbox"/> Hydronic systems      | <input type="checkbox"/> Welding and Fabrication |
| <input type="checkbox"/> Heating systems       | <input type="checkbox"/> Sheet Metal             |
| <input type="checkbox"/> Refrigeration systems |                                                  |

## CERTIFICATIONS & LICENSES

Include State and License Numbers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ADDITIONAL INFORMATION

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

### PROFESSIONAL REFERENCES

Please list 3-4 people you have worked with who can attest to your on-the-job experience and performance.

|                                             |                                             |
|---------------------------------------------|---------------------------------------------|
| <b>Name:</b> _____                          | <b>Name:</b> _____                          |
| <b>Position:</b> _____                      | <b>Position:</b> _____                      |
| <b>Company:</b> _____                       | <b>Company:</b> _____                       |
| <b>Telephone:</b> (    )       -       ext. | <b>Telephone:</b> (    )       -       ext. |
| <b>Email Address:</b> _____                 | <b>Email Address:</b> _____                 |
| <b>Name:</b> _____                          | <b>Name:</b> _____                          |
| <b>Position:</b> _____                      | <b>Position:</b> _____                      |
| <b>Company:</b> _____                       | <b>Company:</b> _____                       |
| <b>Telephone:</b> (    )       -       ext. | <b>Telephone:</b> (    )       -       ext. |
| <b>Email Address:</b> _____                 | <b>Email Address:</b> _____                 |

**AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Rushing Mechanical, Inc. creates an actual or implied contract of employment. I understand that, if I accept employment with Rushing Mechanical, Inc., it will be on an at-will basis. This means that either Rushing Mechanical, Inc. or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Rushing Mechanical, Inc. I release Rushing Mechanical, Inc., and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Rushing Mechanical, Inc. to investigate information concerning my education, licensing, certifications, driving record, criminal history, employment experiences and all other aspects of my background relevant to my proposed employment. I release Rushing Mechanical, Inc. and its employees from all liability arising from such investigation.

Signature of Applicant: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

**Rushing Mechanical, Inc. is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Rushing Mechanical, Inc. depends solely on your qualifications.**