

MIGHTY SERVICES

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Do you own a car or truck?		Do you own tools?	
Vehicle Make	License Plate	Mileage when start	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Full Name	Relationship
Company	Phone ()

WORK EXPERIENCES	
<i>Please list your years in experiences in the following category, and if you are master or have certificate, please also list on the right.</i>	
Electrical: Master <input type="checkbox"/> Journey <input type="checkbox"/> Some Exp <input type="checkbox"/> No Exp <input type="checkbox"/> ____ Years	
Mechanical Master <input type="checkbox"/> Journey <input type="checkbox"/> Some Exp <input type="checkbox"/> No Exp <input type="checkbox"/> ____ Years	
Repair & Maintenance: Master <input type="checkbox"/> Some Exp <input type="checkbox"/> No Exp <input type="checkbox"/> ____ Years	

Plumbing: : Master <input type="checkbox"/> Journey <input type="checkbox"/> Some Exp <input type="checkbox"/> No Exp Years	
---	--

PREVIOUS EMPLOYMENT

Company		Phone ())	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ())	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ())	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMERGENCY CONTACT

Who should be contacted if there's an emergency?

Name	Phone	Relationship
Name	Phone	Relationship

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
-----------	------