



10625 Control Place
 Dallas, TX 75238
 Phone: (214) 823-7917
 Fax: (214) 823-7973
 www.mcleanmech.com

Date of Application: _____
 Department Applying For: _____

- HVAC
- SERVICE
- OTHER

Equal Opportunity Employers

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Nickname
Street Address			
City	County	State	ZIP
Day Phone (With Area Code)		Evening Phone (With Area Code)	
Personal Email Address:		Are you over 16 years of age? YES NO*	
		If "NO", then proof of age will be required	
Do you have a current driver's license? <i>(Proof of vehicle insurance is required)</i>		YES	NO
Are you legally allowed to work in the United States?		YES	NO
How were you referred to us? The MMC Website Other Website Personal Referral Other(Please Explain):			
Have you worked for McLean Mechanical Contractors, Inc. OR Air Performance Mechanical, Inc. before? If "YES", please identify when and your supervisor:		YES*	NO
Do you have any friends or relatives employed by McLean Mechanical Contractors, Inc.? If "YES", please identify		YES*	NO
Have you ever been convicted of a felony? If "YES", please explain:		YES*	NO
Have you ever pleaded guilty or <i>no lo contendere</i> to an offense? If "YES", please explain:		YES*	NO
<p><i>A conviction does not automatically mean that you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction, and how long ago the conviction occurred are important. Give us all of the facts so that a fair decision can be made.</i></p>			

POSITION

Position(s) you are applying for:	Date available for employment:	Wage Desired:
Applying for: Full-Time Part-Time Temporary	Will you work overtime when needed? YES NO* If "NO", please explain:	
Is there any reason why you would be unable to perform the essential function of this position without special accommodations? (<i>ONLY answer if you have been provided with a copy of the job description and have read what the essential functions are</i>)		

EDUCATION

	Name of School, City, & State	Years Completed	Diploma or Degree (Yes/No)	Major
High School				
Trade/Business				
Undergraduate				
Graduate				
Post-Graduate				

ADDITIONAL SKILLS AND QUALIFICATIONS

List all specialty certifications and licenses that you hold that are applicable to the position(s) you are applying for:
List experience with specialized equipment and systems:
List experience with computers and software:
Is there any other information you feel would be helpful to our decision-making process?

REFERENCES

Please list three references other than family members or employers:

Name	Relationship	Day Phone Number	Email Address

WHY McLean Mechanical Contractors, Inc.?

Please explain why you want to work for McLean Mechanical Contractors, Inc.:

WORK HISTORY

Please list your employment history, starting with your most current employer or occupation. Please include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. If you do not wish for your present employer to be contacted, please indicate by checking here

Comments: (Include an explanation of any gaps in employment)

Present or Last Employer (Name and Address)

Dates of Employment: From: To:	Position(s) Held:	Starting Salary: \$	Final Salary: \$	Other Compensation: (Bonus, commission, etc.)
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Immediate Supervisor's Name:	Phone Number:	Email Address:
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Briefly Describe Your Job Duties:

Reason for Leaving:

<u>Prior Employer (Name and Address)</u>					
Dates of Employment: From: To:		Position(s) Held:	Starting Salary: \$	Final Salary: \$	Other Compensation: (Bonus, commission, etc.)
Immediate Supervisor's Name:			Phone Number:	Email Address:	
Briefly Describe Your Job Duties:					
Reason for Leaving:					

<u>Prior Employer (Name and Address)</u>					
Dates of Employment: From: To:		Position(s) Held:	Starting Salary: \$	Final Salary: \$	Other Compensation: (Bonus, commission, etc.)
Immediate Supervisor's Name:			Phone Number:	Email Address:	
Briefly Describe Your Job Duties:					
Reason for Leaving:					

<u>Prior Employer (Name and Address)</u>					
Dates of Employment: From: To:		Position(s) Held:	Starting Salary: \$	Final Salary: \$	Other Compensation: (Bonus, commission, etc.)
Immediate Supervisor's Name:			Phone Number:	Email Address:	
Briefly Describe Your Job Duties:					
Reason for Leaving:					

Information

We sincerely appreciate your interest in McLean Mechanical Contractors, Inc., and assure you that we are deeply interested in your qualifications and job goals. A clear understanding of your background and work history will aid us in evaluating you for the position that best meets your qualifications and future aspirations.

We are an Equal Opportunity Employer (EOE) and, as such, will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, familial status, military or veteran status, or any other legal recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done, which will ensure an equal employment opportunity and will enable applicants to participate in the screening process and for employees to perform the essential functions of their job without imposing undue hardship on McLean Mechanical Contractors, Inc. Similarly, we will make reasonable accommodations to applicant's and employee's religious beliefs and practices unless an undue hardship would result. Please inform McLean Mechanical Contractors, Inc.'s representative if you need assistance completing any forms or to otherwise participate in the application or selection process.

Agreement and Release

We have a Non Smoking and Drug Free environment. All applicants who wish to be considered for employment must agree to submit to pre-employment drug and alcohol screening and searches during employment, when requested to do so by management.

By completing and signing this Application, you understand and agree to submit to pre-employment drug and alcohol screening and searches during the course of employment as provided for in McLean Mechanical Contractors, Inc. Drug and Alcohol Policy. You further understand and agree to release McLean Mechanical Contractors, Inc. and its directors, officers, agents, employees, parents, subsidiaries, and affiliated concerns from any and all liability claims, demands, damages, and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol screening or searches and any decision concerning employment made by McLean Mechanical Contractors, Inc. in whole or in part, based upon the results of drug and alcohol screening or searches. _____ **Initials**

I consent to and authorize McLean Mechanical Contractors, Inc. to contact any former employers, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools, and personal references to give McLean Mechanical Contractors, Inc. (without further notice to me) any and all information about my previous employment and education, along with other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a reference. Also, I understand my employment is contingent on McLean Mechanical Contractors, Inc. receiving satisfactory employment references. _____ **Initials**

I expressly agree and understand that, if employed, my employment is not for a specified term, is based upon mutual consent, and may be terminated at will, with or without cause or liability, by either party (McLean Mechanical Contractors, Inc. or me) without prior notice to the other. I also understand that this aspect of my employment may not change absent an individual written agreement signed by the Management of McLean Mechanical Contractors, Inc. and me. Unless an agreement is executed by the Management of McLean Mechanical Contractors, Inc. and me, this application nor any other document or statement, can constitute an agreement or contract for employment for any specified period or definite duration or, in any way, limit the at-will nature of my employment. _____ **Initials**

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

An electronic signature or facsimile signature is intended to be, and will be, considered the equivalent of an original signature, is legally binding, and is to be given full force and effect.

Applicant Name (Please Print)

Applicant Signature

Date Signed