



APPLICATION FOR EMPLOYMENT



INTERSTATE MECHANICAL CONTRACTORS, INC.

An Equal Opportunity Employer

Applicant Name: _____ Date: _____

Position(s) Applied for or Type of Work Desired: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone #: _____ Cell Phone #: _____ Social Security #: _____

Drivers License #: _____ State Issuing License: _____

Date you would be available to start work: _____

How were you referred to IMC? _____

Are you available to work at least 40 hours per week? YES NO

Can you work overtime including Saturday, Sunday and Holidays if required? YES NO

If the position or job assignment requires, can you travel? YES NO

Have you previously been employed by Interstate Mechanical Contractors, Inc.? YES NO

Are you over the age of 18 years? YES NO

Can you submit proof of legal employment authorization and identity? YES NO

Have you ever been **convicted** of a crime? YES NO

If yes, please explain (a conviction will not automatically bar employment): _____

Educational History

List school name and location, years completed, course of study, and any degrees or certificates earned:

High School: _____

Did you graduate? _____ If not, do you have a GED? _____

College: _____

Technical Training: _____

Other: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Employment History

Please provide *detailed and accurate* employment information for your past four employers, including present employer if applicable, starting with the most recent.

Employer: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____

Immediate Supervisor and Title: _____

Dates Employed: From: _____ To: _____ Salary: _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____

Immediate Supervisor and Title: _____

Dates Employed: From: _____ To: _____ Salary: _____

Job Summary: _____

Reason for Leaving: _____

Employer: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____

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Job Summary: _____

Reason for Leaving: _____

Employer: _____ Telephone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Held: _____

Immediate Supervisor and Title: _____

Dates Employed: From: _____ To: _____ Salary: _____

Job Summary: _____

Reason for Leaving: _____

Are you currently employed? YES NO If so, may we contact your current employer? YES NO

References

List the name, telephone number, and years known of three (3) references (do not include relatives or employers):

Name: _____ Telephone #: _____ Years Known: _____

Name: _____ Telephone #: _____ Years Known: _____

Name: _____ Telephone #: _____ Years Known: _____

Essential Minimum Job Requirements For Field, Maintenance, or Service Employees of Interstate Mechanical Contractors, Inc.

Please mark yes or no to the following questions:

Are you capable of safely lifting and maintaining a minimum of 75 pounds? YES NO

Are you capable of safely supporting and maintaining 25 pounds overhead for 2 to 5 minute duration? YES NO

Are you capable of climbing a ladder to a height of 20 feet and scaffold to a height of 40 feet? YES NO

I certify that the information I have provided on this application is true and accurate. I understand that if I am employed, any false or misleading information given in this application is grounds for dismissal. I authorize former employers and references listed on this application to provide Interstate Mechanical Contractors, Inc. with requested information concerning employment and any pertinent information they have, personal or otherwise, and release all parties from liability for the release of any said information.

I understand that this application will be given every consideration, but its receipt does not imply that the applicant will be employed.

All applicants selected for employment with Interstate Mechanical Contractors, Inc. will be required to submit to a urinalysis test for drugs. Any applicant with a confirmed positive test result will be denied employment. Any applicant with a confirmed negative test result will be required to submit to a post-offer medical exam to determine if the applicant can perform essential job functions.

Signature of Applicant

Date

Interstate Mechanical Contractors, Inc. is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

This application will be kept active for 30 days from the date completed.

**If you complete the application outside the office
See the back page for instructions on returning your completed application.**

INSTRUCTIONS FOR RETURNING YOUR COMPLETED APPLICATION

Before returning your application be sure all requested information is completed.

You may bring your completed application to Interstate Mechanical Contractors between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday.

Interstate Mechanical Contractors, Inc.
3200 Henson Road
Knoxville, TN 37921
(865) 588-0180

If you prefer to mail your completed application you may do so to the following address:

Interstate Mechanical Contractors, Inc.
ATTN: Human Resources Manager
P.O. Box 50610
Knoxville, TN 37950