MSI	Last Name	First Name	Initial	Date of Application	
MECHANICAL	Street Address	City	State Zip	Date Available	
SYSTEMS, INC.	Cell Phone # Home		e Telephone #	Expected Pay Rate	
EMPLOYMENT APPLICATION					
IMPORTANT: Applicants with disabilities n required for the position for v					
EQUAL EMPLOYMENT OPPORTUNITY. It is our policy to seek and employ the best qualified employees and to provide equal opportunity for the advancement of employees and to administer all of our employment policies in			Social Security No. (If hired, you must have or obtain a Social Security number for payroll purposes.)		
a manner that will not discriminate again religion, age, sex, marital or veteran stat on-the-job injuries, or any other legally	Have you ever worked for us before?	Are you 18 years of age or older?			
occupational requirement reasonably necessary to the operation of our business. When are you available to work? (We will attempt to reasonably accommodate employees who require certain hours or days off because of religious beliefs or practices.) –			If you are hired, are you prepared to present evidence within three days of beginning work showing that you are legally authorized to work in the United States?		
Check shifts and days you can work. Days Swing Graveyard Mon Tues Wed Thurs Fri Sat Sun			Position(s) Applied for: 1. Journeyman Plumber □ OR JP License # 2. Apprentice Plumber □ OR License # 3. Laborer □ 4. Other □		
High School:	Location: _				

vocational, technical or military experience; hobbies, etc.) yo	ou feel would help you perform the work for which you are applying:	
High School:	Location:	
Did you graduate? ☐ Yes ☐ No ☐ GED Date		
College:	_Location	
Did you graduate? ☐ Yes ☐ No From: To:	Course of Study	
Trade School:	Location:	
id you graduate? Yes No Date Course of Study		
Military Service: Branch:	From To :	
Rank at Discharge:	Type of Discharge :	
Other Qualifying Experience :		
Do you have a valid driver's license? \square Yes \square No \square If yes,	please list License No./State:	
If no, when will you have a Drivers License?		
Can you perform the essential functions of the job(s) for whic	ch you are applying? \Box Yes \Box No	

EMPLOYMENT EXPERIENCE: Please account for all periods of employment <i>by month/year</i> , including any self-employment and military service. (Attach another sheet if more space is needed.)				
Present or Last Employer	Phone	Hire Date	Date Left	
Address	Supervisor	Reason for Leavin	ng	
Job Title/Job Duties				
Previous Employer	Phone	Hire Date	Date Left	
Address	Supervisor	Reason for Leavin	ng	
Job Title/Job Duties				
Previous Employer	Phone	Hire Date	Date Left	
Address	Supervisor	Reason for Leavin	ng	
Job Title/Job Duties				
Have you ever been terminated (or resigned while facing possible termination or at an employer's request)? Yes No If yes, please explain circumstances:				

VERIFICATION AND SIGNATURE:			
1.	I authorize the investigation of all matters which the Company deems relevant to my qualifications for employment, including all information given in this application and in any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any current or former employers, other entities (schools, etc.), or persons (such as current or former supervisors, coworkers, etc.), supplying it. I also release you from all liability which might result from making the investigation.		
2.	I certify that all of the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand and agree that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when and how discovered.		
3.	I understand and agree that I may be required to submit to pre- or post-employment physical or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. IMPORTANT: This means that with very few exceptions —an employee will be required to submit to testing in several different circumstances. Ask to see copies of our applicant and employee alcohol and drug policies if you have any questions. I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.		
4.	I understand and agree that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in a written employment contract. I also understand and agree that an Owner is the <u>only</u> person who will ever have the authority to agree to any other terms and/or to enter into such contracts, and that all such agreements for other terms of employment or contracts must also be signed by both parties. I also understand and agree that unless otherwise stated in a written employment contract, the Company may change, withdraw and interpret <u>other</u> policies (including wages, hours and working conditions) as it deems appropriate.		
5.	This application will only be considered active for 60 days. I understand that if I have not been contacted by the Company within the 60 days and I still want to be considered for employment, I will need to reapply in writing or apply in person to renew or update my application within five days of the 60-day expiration.		
6.	I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents. \Box Yes \Box No		
	Signature Date		

Unsigned or incomplete applications will not be processed.