

**APPLICATION VALID FOR 30 DAYS. CONSIDERATION THEREAFTER REQUIRES NEW APPLICATION.**

## **ELECTRO-MECHANICAL, LLC APPLICATION FOR EMPLOYMENT**

All information on this application will be verified. Any inaccuracy or misrepresentation may result in disqualification.  
**Electro-Mechanical, LLC and its affiliates are equal opportunity employers.**

### **PERSONAL INFORMATION**

Name (Print) \_\_\_\_\_ Home or Nearest Phone \_\_\_\_\_

Present Address \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

(City)

(State)

(Zip)

If at present address less than one year, please give previous address:

Address

City

State

Zip

Are you over the age of 18?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

Can you produce documented proof of your eligibility for employment in the United States?  Yes  No

(If offered employment, you will be required to provide documentation to verify eligibility and identity)

Position(s) applied for \_\_\_\_\_

How soon could you report to work? \_\_\_\_\_ Type of employment  Full-time  Part-time  Temporary

Rate of pay expected \_\_\_\_\_

If part-time, what days and hours? Days \_\_\_\_\_ Hours \_\_\_\_\_

### **EDUCATION**

Type of School	Name and Address of School	Courses Majored In	Number of Years Completed	Grad/Degree
High School				
College/Vocational				
Graduate				
Other				

Have you ever applied with or worked for Electro-Mechanical, LLC or any of its affiliates (Federal Pacific, Line Power Manufacturing Corp., Machinery Components)?  Yes  No If yes, when? \_\_\_\_\_

Have you ever applied with or worked with a temp agency?  Yes  No If yes, please list:

Have you ever been convicted of any violation, civilian or military, other than a minor traffic offense?  Yes  No  
 If yes, provide, for consideration, details as to the time, place, etc. \_\_\_\_\_

Have you ever been bonded?  Yes  No Have you ever been refused a bond?  Yes  No  
 If so, please state reason and date: \_\_\_\_\_

Have you ever served in the U.S. Armed Forces?  Yes  No If yes, branch \_\_\_\_\_  
 Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_

Do you use tobacco?  Yes  No

Have you ever been discharged or requested to resign from a position?  Yes  No If yes, explain:  
 \_\_\_\_\_

Are you employed now?  Yes  No If yes, may we contact your present employer?  Yes  No

Why do you desire to make a change? \_\_\_\_\_

Have you ever held a position of trust (handling money or confidential material?)  Yes  No

Do you have any reason to believe you would have difficulty in meeting this company's work schedule?  Yes  No

If yes, please explain \_\_\_\_\_

**PRIOR WORK RECORD (Start with most recent employer.)**

Name and Address of Most Recent Employer		
Phone Number and Email Address of Employer		
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Job Title and Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Address of Most Recent Former Employer		
Phone Number and Email Address of Employer		
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Job Title and Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and Address of Most Recent Former Employer		
Phone Number and Email Address of Employer		
Immediate Supervisor (Name and Position)	Date Hired	Starting Rate
Job Title and Duties	Date Left	Last Rate
Reason for Leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide any additional information such as special skills, training, licenses, memberships, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application: (You need not disclose any which reflect your race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

### REFERENCES (Please do not list relatives or former employers.)

Name	Address
Phone Number	Email Address
Name	Address
Phone Number	Email Address
Name	Address
Phone Number	Email Address

### CERTIFICATION

I certify that the information provided by me in this document is accurate in all details and I understand that if the information is found to be in any way untrue, that shall be considered sufficient cause for disqualification or discharge. I authorize Electro-Mechanical, LLC to verify the accuracy of the information and hereby release Electro-Mechanical, LLC from any and all liability of whatever kind and nature which, at any time, could result from obtaining, and having an employment decision based on, such information.

Nothing contained in this application, in the interview process or in any materials handed out following hiring is intended to create an employment contract or a contract for any benefit. No promises relating to employment have been made to me, nor would they be binding upon Electro-Mechanical, LLC unless delivered to me in writing by a person with authority to act on behalf of the company.

Any employment relationship that might be established shall be for an indefinite duration and an employment at will and I have the right to terminate my employment at any time. The company retains the same right and may terminate my employment at any time with or without notice or cause.

I understand that the company may revise policies and procedures at any time and that none of those policies and procedures shall constitute terms of an implied contract.

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

**CONSENT TO BACKGROUND CHECK AND  
AUTHORIZATION TO RELEASE INFORMATION**

- TO: Any city, county, state, federal or other governmental agency,**
- Any academic dean, registrar, principal, guidance counselor or other authorized person at school,**
- Any past or present employer, acquaintance, reference or any doctor, hospital, laboratory or medical provider,**
- The U.S. Armed Forces, U.S. Selective Service System, Maritime Service or Veterans Administration.**

In connection with my consideration for employment by Electro-Mechanical, LLC or one of its divisions or affiliated companies I understand and agree that:

- a) My entire background is to be investigated.
- b) I will be required to submit to a pre-employment drug-screen, which if reported positive for a controlled substance will prevent further consideration of my employment with the company.
- c) Following a conditional offer of employment, I will be required to undergo a physical examination to determine my ability to perform the essential functions of the job I am seeking.

I understand and authorize all these actions and also authorize and request the release of any and all information you have covering me or the tests or examinations to Electro-Mechanical, LLC, its affiliated companies or agents. I designate Electro-Mechanical, LLC and its affiliates and agents as my authorized representatives for the purpose of obtaining such information.

I fully release anyone addressed above, who gives any information about me in the course of investigation, examination or testing covered by this authorization, from any and all liability for damages of whatever kind to me, my family, heirs or associates as a result of giving such information.

Finally, I agree that, in the event I voluntarily leave the company within the first ninety (90) days of my employment, I will reimburse the Company for the cost of the pre-employment drug screen and physical. I consent to the withholding of such sums from any final pay check owed to me and in all events, agree to pay such amounts within thirty (30) days of my termination. I have read and understand all of the terms contained in this authorization.

(A photocopy or facsimile of this authorization is as valid as the original.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Address (Street Name and Number)

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

\_\_\_\_\_  
Date of Birth

STATE OF \_\_\_\_\_

CITY/COUNTY OF \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_

day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

## VOLUNTARY APPLICANT SELF-IDENTIFICATION SURVEY

Electro Mechanical, LLC is a federal government contractor. As a matter of policy as well as applicable law, we are required to keep records and perform certain analyses of our applicant pool by race, ethnicity, and gender. Such analyses are only possible if we know the EEO profile of our applicants, so we request that you complete this survey and return it to us promptly.

Although the information that applicants provide does not at all affect their prospects for employment and is, in fact, treated very confidentially, it is nevertheless very important to us. For any statistical analysis to be meaningful, we must have information on as many applicants as possible and it is just as important to collect this information from men and from non-minorities as it is to collect it from women and minority group members.

We appreciate that some applicants will find this request intrusive and we regret this. However, please be advised that we are required by the government to keep such records and perform such analyses. Submission of this information is voluntary and you may decline to disclose but your cooperation will allow us to be accurate.

In addition, information on county and state of residence as well as on how you learned about the vacancy you applied for will assist us in our recruitment efforts.

- Male
- Female
- Decline to Disclose

### Check One Only

- White, not of Hispanic Origin (includes persons of Middle East ancestry)
- Black or African American
- Hispanic or Latino
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native
- Two or More Races
- Decline to Disclose

Name \_\_\_\_\_ Zip Code \_\_\_\_\_

County and State of Residence \_\_\_\_\_

How did you learn of this vacancy? \_\_\_\_\_

If by advertisement, please give name and date of publication \_\_\_\_\_

Position Applied For (**MUST** be specified) \_\_\_\_\_