

**CMS Mechanical Services, Inc.**  
5000 Energy Place Bldg #100  
Denton, TX 76207

**Application of Employment**  
(Pre-Employment Questionnaire)  
An Equal Opportunity Employer

940-383-4357 Phone  
940-383-8713 Fax

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*PERSONAL INFORMATION (PLEASE PRINT)*

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
STREET HOUSE/APT # STREET NAME CITY STATE ZIP

MAILING ADDRESS \_\_\_\_\_  
STREET HOUSE/APT # STREET NAME CITY STATE ZIP

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER? \_\_\_\_\_

DO YOU HAVE AUTHORIZATION TO WORK IN THE U.S.A? \_\_\_\_\_ YES \_\_\_\_\_ NO

WORK AUTHORIZATION NUMBER (IF APPLICABLE) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DRIVERS LICENSE \_\_\_\_\_ YES \_\_\_\_\_ NO NUMBER \_\_\_\_\_

STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ DOB \_\_\_\_\_

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*EMPLOYMENT DESIRED*

POSITION APPLYING FOR \_\_\_\_\_ START DATE \_\_\_\_\_ SALARY \_\_\_\_\_

HAVE YOU EVER APPLIED WITH US BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHEN & WHO WAS YOUR SUPERVISOR? \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

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*EDUCATION*

GRAMMER SCHOOL \_\_\_\_\_ # OF YRS. \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ # OF YRS. \_\_\_\_\_ GRADUATE \_\_\_\_\_

COLLEGE \_\_\_\_\_ # OF YRS. \_\_\_\_\_ GRADUATE \_\_\_\_\_ SUBJ. \_\_\_\_\_

TRADE SCHOOLS \_\_\_\_\_ # OF YRS. \_\_\_\_\_ GRADUATE \_\_\_\_\_

SUBJECT OR SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

U.S MILITARY \_\_\_\_\_ YES \_\_\_\_\_ NO BRANCH \_\_\_\_\_ RANK \_\_\_\_\_

CURRENTLY IN RESERVES OR NATIONAL GUARD \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, PLEASE EXPLAIN: (CONVICTION, YEAR) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**EMPLOYMENT HISTORY**

EMPLOYER \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SALARY \_\_\_\_\_ PHONE \_\_\_\_\_

TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

SKILLS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

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EMPLOYER \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SALARY \_\_\_\_\_ PHONE \_\_\_\_\_

TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

SKILLS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

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EMPLOYER \_\_\_\_\_  
NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_ SALARY \_\_\_\_\_ PHONE \_\_\_\_\_

TITLE \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

SKILLS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT THIS EMPLOYER? \_\_\_\_\_ YES \_\_\_\_\_ NO

PLEASE LIST ANY SPECIAL TRAINING CLASSES OR AWARDS EVER RECEIVED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**REFERENCES**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ YEARS \_\_\_\_\_

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**IN CASE OF EMERGENCY NOTIFY:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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**SKILLS**

PLEASE LIST ALL SKILLS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ADD ANYTHING AT THIS TIME YOU MAY WANT US TO KNOW: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**“ I CERTIFY THAT ALL THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.**

**I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.**

**I UNDERSTAND AND AGREE THAT, IF HIRED MY EMPLOYMENT IS “AT WILL” AND I CAN BE RELEASED AT ANY TIME WITH OUT PRIOR NOTIFICATION OR REASON.**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

BY TYPING NAME INTO “SIGNATURE” FIELD, YOU ARE ACKNOWLEDGING ALL CONTAINED HEREIN AND THIS WILL ACT AS REAL SIGNATURE FOR THE PURPOSES OF THIS ONLINE DOCUMENT.

PLEASE PROVIDE A COPY OF DRIVER’S LICENSE, SOCIAL SECURITY CARD, RESIDENT CARD/WORK AUTHORIZATION CARD, OR ANY AND ALL LICENSES THAT MAY PERTAIN TO POSITION APPLYING FOR TO BE COPIED AND RETAINED WITH APPLICATION. INFORMATION GIVEN IS PROTECTED UNDER THE PRIVACY ACT OF 1974, 5 U.S.C., § 552a PUBLIC LAW NO. 93-579.