

CBS 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

PERSONAL INFORMATION (PLEASE PRINT)

DATE _____

NAME _____
LAST FIRST MIDDLE

PRESENT ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____ 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 _____

EMPLOYMENT DESIRED

POSITION APPLYING FOR _____ START DATE _____ SALARY _____

HAVE YOU EVER APPLIED WITH US OR ONE OF OUR AFFILIATES? _____ YES _____ NO
(C & G ELECTRIC; GODLEN TRIANGLE FIRE PROTECTION; CBS MECHANICAL)
IF YES, WHICH COMPANY AND WHEN? _____

HOW DID YOU HEAR ABOUT US? _____

EDUCATION

GRAMMER SCHOOL _____ NUMBER OF YRS. _____ SUBJECT _____

HIGH SCHOOL _____ NUMBER OF YRS. _____ GRADUATE _____

COLLEGE _____ NUMBER OF YRS. _____ GRADUATE _____

TRADE SCHOOLS _____ NUMBER OF YRS. _____ GRADUTE _____

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) _____

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

EMPLOYER _____
NAME ADDRESS

START DATE _____ END DATE _____ SALARY _____ PHONE _____

TITLE _____ SUPERVISOR NAME _____

SKILLS _____

REASON FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____ YES _____ NO

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 _____

REFERENCES

NAME _____ PHONE _____ YEARS _____

NAME _____ PHONE _____ YEARS _____

NAME _____ PHONE _____ YEARS _____

IN CASE OF EMERGENCY NOTIFY:

NAME _____ PHONE _____

NAME _____ PHONE _____

SKILLS

PLEASE LIST ALL SKILLS _____

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

“ 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.