



NOTICE

You have requested an employment application to be made with this company.

Before completing the application for employment with this company, this notice must be signed, indicating that you understand and agree to the following conditions, as listed below.

- (1) You must fill out all of the information requested in the application.
- (2) You may not disclose any information not sought in the application.
- (3) No attachments to the 9-page application are allowed.
- (4) Failure to follow these conditions will result in automatic disqualification for consideration of the position.

Applicant's Printed Name

Applicant's Signature

Current Date

MC-1 Mechanical MC1012
SC-1 Heating 307879

Licenses
S-1 Heating-Cooling 302902
F-1 Fire Protection F11411

P1- Plumbing 203291
New Construction 1451

APPLICATION FOR EMPLOYMENT

OATLEY MECHANICAL SERVICES
IS AN EQUAL OPPORTUNITY EMPLOYER,
DEDICATED TO A POLICY OF
NONDISCRIMINATION IN EMPLOYMENT
ON ANY BASIS PROHIBITED BY LAW

APPLICATION MUST BE TYPED OR PRINTED IN BLUE OR BLACK INK. APPLICATIONS ARE NOT CONSIDERED BEYOND THIRTY DAYS FOLLOWING SUBMISSION.

PERSONAL INFORMATION

CURRENT DATE: _____

NAME _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

PRESENT ADDRESS _____
STREET CITY STATE ZIP

PERMANENT ADDRESS _____
STREET CITY STATE ZIP

HOME PHONE NO. _____ CELL PHONE NO. _____

ARE YOU 18 YEARS OR OLDER? YES [] NO [] _____

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES [] NO [] _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

DO YOU HAVE FRIENDS OR RELATIVES WORKING HERE? _____ IF YES, LIST NAME AND RELATIONSHIP TO YOU _____

CAN YOU TRAVEL IF YOUR JOB REQUIRES IT? _____

ARE YOU WILLING AND ABLE TO TRAVEL WITHIN A 60 MILE RADIUS OF YOUR HOME? _____

Oatley Mechanical Services

EDUCATION

NAME & LOCATION OF SCHOOL ATTENDED	*NO. OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
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GRAMMAR SCHOOL			
HIGH SCHOOL			
GRADUATE, TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

TRADE LICENSES INCLUDING LICENSE NUMBER AND DATE AND LOCATION OF ISSUANCE

U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES
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HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ** IF YES, PLEASE EXPLAIN

FORMER EMPLOYERS

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH MOST RECENT EMPLOYMENT FIRST)

I. EMPLOYER NAME

ADDRESS

STREET	CITY	STATE	ZIP CODE	TELEPHONE NO.
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JOB TITLE DATES EMPLOYED: FROM TO

NAME OF SUPERVISOR REASON FOR LEAVING

DUTIES

ARE YOU CURRENTLY WORKING FOR THIS EMPLOYER? YES NO

IF YES, MAY WE CONTACT? YES NO

WHAT IS YOUR CURRENT SALARY? PER

SALARY	WEEK/YEAR
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2. EMPLOYER NAME _____
ADDRESS _____
STREET CITY STATE ZIP CODE TELEPHONE NO.
JOB TITLE _____ DATES EMPLOYED: FROM _____ TO _____
NAME OF SUPERVISOR _____ REASON FOR LEAVING _____
DUTIES _____

3. EMPLOYER NAME _____
ADDRESS _____
STREET CITY STATE ZIP CODE TELEPHONE NO.
JOB TITLE _____ DATES EMPLOYED: FROM _____ TO _____
NAME OF SUPERVISOR _____ REASON FOR LEAVING _____
DUTIES _____

4. EMPLOYER NAME _____
ADDRESS _____
STREET CITY STATE ZIP CODE TELEPHONE NO.
JOB TITLE _____ DATES EMPLOYED: FROM _____ TO _____
NAME OF SUPERVISOR _____ REASON FOR LEAVING _____
DUTIES _____

WHICH OF THESE JOBS DID YOU LIKE THE BEST? _____

WHAT DID YOU LIKE MOST ABOUT THAT JOB? _____

EXCEPT FOR VACATIONS AND HOLIDAYS, HOW MANY WORK DAYS WERE YOU ABSENT DURING THE PAST YEAR?

_____ 0-5 DAYS; _____ 5-10 DAYS; _____ 15-20 DAYS; _____ 21+ DAYS

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REFERENCES:

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHO ARE FAMILIAR WITH YOUR WORK RECORD AND/OR ABILITIES.

<u>NAME</u>	<u>ADDRESS</u>	<u>BUSINESS</u>	<u>ACQUAINTED</u>	<u>YEARS</u>
1.				
2.				
3.				

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JOB RELATED SKILLS AND REQUIREMENTS

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ D.L. NO. _____

TYPE OF DRIVER'S LICENSE _____

ARE YOU WILLING TO TAKE A DRUG TEST IF REQUIRED AS PART OF YOUR APPLICATION? _____ YES _____ NO

IF A FAVORABLE HIRING DECISION IS MADE, WILL YOU SUBMIT TO A MEDICAL EXAMINATION AND/OR ANSWER A MEDICAL QUESTIONNAIRE (AFTER A HIRING DECISION IS MADE)? _____ YES _____ NO

HAVE YOU BEEN GIVEN A JOB DESCRIPTION OR HAD THE REQUIREMENTS OF THE JOB EXPLAINED TO YOU? _____ YES _____ NO

DO YOU UNDERSTAND THE REQUIREMENTS? _____ YES _____ NO

TO THE BEST OF YOUR KNOWLEDGE, CAN YOU PERFORM THE REQUIREMENTS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATION? _____ YES _____ NO

HAVE YOU HAD SAFETY TRAINING FOR _____ WORK? _____ YES _____ NO

IF YES, DESCRIBE: _____

IN CASE OF

EMERGENCY NOTIFY _____
NAME ADDRESS PHONE NO.

Oatley Mechanical Services

APPLICANT CERTIFICATIONS AND AGREEMENTS

All employees at Oatley Mechanical Services ("Company") are employed "at-will," which means that either the Company or I may terminate my employment at any time, for any reason or for no reason, with or without advance notice. **I UNDERSTAND THAT NOTHING STATED IN WRITING OR ORALLY BY THE COMPANY, INCLUDING BY ANY MANAGER, SUPERVISOR, OR ANY OTHER EMPLOYEE OF THE COMPANY, DURING THE INTERVIEW OR HIRING PROCESS, OR DURING MY EMPLOYMENT IF I AM HIRED, SHALL LIMIT THE COMPANY'S OR MY RIGHT TO TERMINATE MY EMPLOYMENT AT-WILL.**

I understand that a positive and properly confirmed drug test for controlled substances or refusal to submit to a drug test is grounds for denial or termination of employment. I voluntarily consent to a pre-employment drug test to be conducted by a drug-testing facility of the Company's choice. I understand that the results of the drug tests will be provided to the Company and hereby authorize the disclosure of the results of my pre-employment drug test to the Company.

I further understand that as a condition of any offer of employment I will be required to submit to a pre-employment medical examination. I understand that the results of the medical examination and any answers to medical inquiries will be maintained on separate forms and will be treated as confidential medical records. I have been informed that I will not be excluded from employment based on the results of a medical examination unless I have a medical condition that prohibits my ability to perform the essential job functions of the position, with or without an accommodation, and that the Company will make reasonable accommodations, where possible, to assist me to perform the essential functions of my position. I understand that a written job description is available and will be furnished to me upon request. I voluntarily consent to a pre-employment, post-offer medical examination. I understand that the results will be provided to the Company and hereby authorize the disclosure of the results of my medical examination to the Company.

I certify that the information on this job application is true and complete to the best of my knowledge. I understand that any willful omissions or falsifications will be reason for withdrawal of a job offer or termination of employment whenever the omission or falsehood is discovered. I authorize any investigation into the statements I have made in this application as necessary to arrive at an employment decision. In consideration of my employment, I agree to conform to the rules, regulations and policies of the Company with the understanding that such rules, regulations and policies (including those pertaining to compensation and benefits) may be changed by the Company at any time during my employment.

I have read, understand and agree to the foregoing.

Signature of Applicant

Date

Oatley Mechanical Services

NOTICE RE: PRE EMPLOYMENT AND EMPLOYMENT INQUIRIES

In connection with your application for employment, Oatley Mechanical Services ("Company") may make inquiries regarding your employment and credit histories, criminal and driving records and other related matters. In addition, if you are hired, during your employment with the Company, there may be times when the Company conducts investigations of workplace issues, such as claims of sexual harassment, workplace violence and theft. An investigation of you may be conducted by Company representatives or third parties. An investigation may include gathering information from you, your coworkers and others about your credit standing and history, criminal record, character, general reputation, medical information, personal characteristics or mode of living. A report may be prepared for our use as a result of such an investigation. Any investigative report that is generated may be used for any employment purpose, including decisions regarding your promotion, reassignment, discipline or continued employment with the Company.

We have no intent of being more intrusive than necessary when conducting lawful workplace investigations. The purpose is to protect our business interests. Although the Company may conduct a legitimate workplace investigation without your consent, we want to make certain that you fully understand and are committed to full compliance with the terms and conditions of both your application and, if applicable, your employment with the Company. Therefore, you are being asked to execute the disclosure and authorization form that appears on the following page.

Background checks and workplace investigations are necessary to ensure the Company's compliance with applicable laws and to maintain a safe, productive work environment. Therefore, if you do not execute the attached disclosure and authorization form, your application for employment will no longer be considered by the Company.

The disclosure and authorization form is not a guarantee of employment or continued employment. Nothing herein changes the Company's policy of employment at-will, meaning that either the Company or a Company employee may terminate the employment relationship at any time and for any reason, including no reason. This policy and the disclosure and authorization form shall be interpreted to be consistent with any changes in the law should such changes occur.

If you have any questions regarding this Company policy or the attached disclosure and authorization form, please contact Brad Oatley.

Oatley Mechanical Services

CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

Oatley Mechanical Services ("Company") has disclosed to me that it may request from a third party a consumer report, including an investigative consumer report, containing information collected about me. I understand that a consumer report or investigative consumer report may be obtained at any time during the application process and, if I am hired, during my employment with the Company, and may contain information regarding my employment, credit standing and history, character, general reputation, personal characteristics, medical information, mode of living and other related matters. I also understand that information provided in a consumer report or investigative consumer report may be used for any employment purpose, including my eligibility for employment, continued employment, promotion, reassignment or discipline. If the Company requests an investigative consumer report, I understand that I may request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act. If the Company decides to take any adverse action against me based on all or part of an investigative consumer report, I understand that I will receive a copy of the report before such action is taken.

I hereby authorize the Company to procure any consumer reports, including investigative consumer reports, as part of the Company's pre-employment background investigation. If I am hired, this authorization shall also serve as ongoing authorization for the Company to procure consumer reports, including investigative consumer reports, at any time during my employment.

Name: _____ Social Security Number: _____

Current Address: _____

Signature: _____

If you are hired, a copy of this authorization will be retained in your personnel file.

Prospective Employee Drug Testing Consent Form

I understand that Oatley Mechanical Services requires applicants for employment to take a urine drug test as a condition of hire. I understand that any offer of employment is contingent upon having a **negative** urine drug screen.

I understand that I must present for a urine drug screen within 48 hours of receiving an offer of employment. I understand that I will be required to produce an acceptable urine sample within 2 hours of arriving at Griffin Hospital Occupational Medicine Center.

I hereby consent for Griffin Hospital Occupational Medicine Center or its designated agent to collect a urine sample from me and conduct the necessary tests to determine the presence of illegal drugs or controlled substances.

I also consent to the release of the test results to an authorized representative of my employer for appropriate review.

Agreed

Signature

Date

Print Name

Refused

Signature

Date

Print Name