



LAWYER TRANE

Serving the Las Vegas Valley Since 1969

APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

POSITION DESIRED: _____ () PART TIME () FULL TIME DATE: _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____ How long have you lived there? _____
STREET & NUMBER CITY STATE ZIP

TELEPHONE NUMBER: _____ CELL PHONE NUMBER _____

SOCIAL SECURITY NO: _____ EMAIL ADDRESS _____

DRIVERS LICENSE NUMBER: _____ STATE _____

How did you learn about our opening? Newspaper Advertisement Employment Agency State Employment Agency

Friend Have you worked for us before? () Yes () No

If YES, please give dates and position: _____

*Have you been convicted of any misdemeanor or felony in the last ten years? () Yes () No

If YES, please give the date(s) and details:

***NOTE:** Answering "Yes" to this question does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (DO NOT INCLUDE MINOR TRAFFIC CITATIONS AND ARRESTS OR CONVICTIONS WHICH HAVE BEEN SEALED OR EXPUNGED)

*(We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disabilities, sexual preference, or other protected status.)

Revision 1-2009

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer list first, be sure to account for all period of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Use the back of this application if necessary. You may exclude organizations or any information on this application which indicate race, color, religion, gender, disabilities, or other protected status.

<p>Present or Last Employer: _____ _____ _____ Address: _____ _____ City, State Zip Code _____ _____ Telephone: _____ _____</p>	<p>Employed From (Mo/Yr) _____ _____ _____ To (Mo/Yr) _____ _____ _____</p>	<p>Pay Start _____ \$ _____ Final _____ \$ _____</p>	<p>Your Title or Position _____ _____ Name, Telephone number & title of Last Supervisor _____ _____ _____</p>	<p>Work Performed _____ _____ _____ _____ Reason for Leaving: _____ _____ _____</p>
<p>Previous Employer _____ _____ _____ Address _____ _____ City, State, Zip Code _____ _____ Telephone _____ _____</p>	<p>Employed From (Mo/Yr) _____ _____ _____ To (Mo/Yr) _____ _____ _____</p>	<p>Pay Start _____ \$ _____ Final _____ \$ _____</p>	<p>Your Title or Position _____ _____ Name, Telephone number & title of Last Supervisor _____ _____ _____</p>	<p>Work Performed _____ _____ _____ _____ Reason for Leaving: _____ _____ _____</p>
<p>Previous Employer _____ _____ _____ Address _____ _____ City, State, Zip Code _____ _____ Telephone _____ _____</p>	<p>Employed From (Mo/Yr) _____ _____ _____ To (Mo/Yr) _____ _____ _____</p>	<p>Pay Start _____ \$ _____ Final _____ \$ _____</p>	<p>Your Title or Position _____ _____ Name, Telephone number & title of Last Supervisor _____ _____ _____</p>	<p>Work Performed: _____ _____ _____ _____ Reason for Leaving: _____ _____ _____</p>
<p>Previous Employer _____ _____ _____ Address _____ _____ City, State, Zip Code _____ _____ Telephone _____ _____</p>	<p>Employed From (Mo/Yr) _____ _____ _____ To (Mo/Yr) _____ _____ _____</p>	<p>Pay Start _____ \$ _____ Final _____ \$ _____</p>	<p>Your Title or Position _____ _____ Name, Telephone number & title of Last Supervisor _____ _____ _____</p>	<p>Work Performed: _____ _____ _____ _____ Reason for Leaving: _____ _____ _____</p>

Previous Employer: _____ Address: _____ City, State, Zip Code: _____ Telephone: _____	Employed From (Mo/Yr) _____ To (Mo/Yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name, Telephone number & title of Last Supervisor _____	Work Performed _____ Reason for Leaving: _____
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Previous Employer: _____ Address: _____ City, State, Zip Code: _____ Telephone: _____	Employed From (Mo/Yr) _____ To (Mo/Yr) _____	Pay Start \$ _____ Final \$ _____	Your Title or Position _____ Name, Telephone number & title of Last Supervisor _____	Work Performed _____ Reason for Leaving: _____
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How many days of work have you missed in the last two years due to reasons other than paid holidays, illness and/or vacations?

YEAR	NUMBER OF DAYS
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YEAR	NUMBER OF DAYS
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What are your interests (hobbies, clubs, etc.) while not at work? _____

- Please explain fully any gaps in your employment history: _____
- If you are currently employed, may we contact your supervisor? () YES () NO. If NO, please explain: _____
- Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you applying: _____
- Have you ever used another name? () YES () NO Is there additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If YES, please explain: _____
- Do not answer this question if you have not been given the job requirements of the position for which you are applying. Can you reasonably perform, with or without a reasonable accommodation, the duties and responsibilities of the job for which you are applying? () YES () NO A summary of the job including mental and physical requirements has been provided.
- Do you have adequate transportation to and from work? () YES () NO

PERSONAL/PROFESSIONAL REFERENCES:

NAME: _____ OCCUPATION: _____ NO. OF YRS KNOWN: _____

ADDRESS: _____ CITY: _____ STATE: _____ TELEPHONE NO. _____

NAME: _____ OCCUPATION: _____ NO. OF YRS KNOWN: _____

ADDRESS: _____ CITY: _____ STATE: _____ TELEPHONE NO. _____

NAME: _____ OCCUPATION: _____ NO. OF YRS KNOWN: _____

ADDRESS: _____ CITY: _____ STATE: _____ TELEPHONE NO. _____

EDUCATION

SCHOOL NAME	YEARS COMPLETE (CIRCLE)	DIPLOMA/ DEGREE	DESCRIBE COURSE OF STUDY OR MAJOR	DESCRIBE SPECIALIZED TRAINING, EXPERIENCE SKILLS AND EXTRA CURRICULAR ACTIVITIES.
HIGH SCHOOL:	9 10 11 12			
COLLEGE/ UNIVERSITY:	1 2 3 4			
GRADUATE/ PROFESSIONAL:	1 2 3 4			
TRADE OR CORRESPONDENCE:				
Other Qualifications/licenses/ certificates:				

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS THAT I HAVE MADE IN THIS APPLICATION AS NECESSARY IN MAKING DECISIONS REGARDING MY EMPLOYMENT.

I AUTHORIZE THE COMPANY TO CONDUCT AN INVESTIGATION OF MY CREDIT, PREVIOUS EMPLOYMENT, REFERENCES, DRIVING RECORD, WORKERS COMPENSATION CLAIMS, AND ANY ARREST AND CONVICTION RECORDS.

I UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO A PHYSICAL EXAM INCLUDING A DRUG AND ALCOHOL TEST PRIOR TO AND AT ANY TIME AFTER SHOULD I BE EMPLOYED TO THE EXTENT OF THE LAW. I FURTHER UNDERSTAND THAT THE RESULTS OF ANY DRUG TEST COULD RESULT IN MY REJECTION AS A CANDIDATE FOR A POSITION OR DISCHARGE IN THE EVENT OF MY EMPLOYMENT.

I UNDERSTAND THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH LAWYER MECHANICAL SERVICES, INC. IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED COMPANY EXECUTIVE.

IF THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF I WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, I MAY BE REQUIRED TO REAPPLY.

I CERTIFY THAT ALL THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I here by authorize an investigator or duly accredited representative of Lawyer Mechanical Services (LMS) bearing this release, or a copy thereof , to obtain any information from schools, residential management agents, employers, unemployment agencies, criminal justice agencies, depart of motor vehicles, U.S. department of state or their authorized representatives, workers compensation providers or individuals relating to my activities. I also authorize anyone with relevant information to provide it to LMS or its investigators or representatives. This information my include, but not limited to academic, residential, achievement, performance, attendance, driving records, personal history, disciplinary, arrest and conviction records.

I hereby authorize you to release such information upon request to the bearer. I understand the information requested is for official use by LMS and or its related licensees as necessary in the fulfillment of official responsibilities.

I hereby release LMS's clients and contractors from any and all claims or liability resulting from the administration of or other activities required by this program. I also release any individual or organization that discloses information required by the program for any and all claims or liability resulting from such disclosure.

A photocopy of this authorization is to be considered valid.

Please complete the information below. Please print.

Full Name: _____

Other Names Used: _____

Address: _____

Work Phone: _____ Home Phone: _____

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF PERSONAL CREDIT HISTORY

I hereby authorize an investigator or duly accredited representative of Lawyer Mechanical Services (LMS) bearing this release, or copy thereof, to obtain a copy of my Consumer Credit Report as defined in the Fair Credit Reporting Act. 15 U. S. C. 1681, in consideration with my application of employment. I understand that the information contained therein is for the use of LMS and its related and affiliated entities and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release LMS's clients and contractors from any and all claims or liability resulting from the administration of or other activities required by this program. I also release any individual or organization that discloses information required by the program for any and all claims or liability resulting from such disclosure.

A photocopy of this authorization is to be considered valid.

Additionally, I hereby acknowledge receipt of a copy of the document titled "A Summary of Your Rights Under the Fair Credit Reporting Act attached to the back of this release. **Please complete the information below. Please print.**

Full Name: _____

Other Names Used: _____

Social Security Number: _____

Address: _____

Work Phone: _____ Home Phone: _____

Signature: _____ Date: _____