



10440 Trademark Street
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 (888) 340-4822
 www.articmechanical.com

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, gender, physical or mental disability. **Please Note: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.**

NAME AND ADDRESS				
Name(Last, MI, First)			Date of Application:	
Address:			City:	
State:		Zip:	Telephone:	
E-Mail:			Cell Phone:	
GENERAL INFORMATION				
Position Applying For:				
Are you able to perform the essential job functions of the position for which you are applying for, with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, Month and Year:			Location:	
EDUCATION & TRAINING				
School	Location (Mailing Address)	No. of years completed	Did you Graduate?	Degree or Major
College				
High School				
Elementary School				
Trade School				
Other				
MILITARY				
1. Have you been in the Armed Forces? If yes, what branch of the Military?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date entered
2. Are you now a member of the National Guard?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discharge date
Specialty:				

List any scholarships, academic honors, awards or Certifications:

Please list any skills you have that are appropriate for the position you are applying for:

WORK SCHEDULE			
If required, will you work?	Rotating Shifts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Overtime	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Saturdays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sundays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date you can start work: / /		

WORK EXPERIENCE			
Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.			
Company	Name of last Supervisor		Hrs/week
Address	Start Date(Month & Year)	End Date(Month & Year)	
City, State, and Zip Code			
Phone number	Your last job title		
Reason for leaving (be specific)			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

WORK EXPERIENCE			
Company	Name of last Supervisor		Hrs/week
Address	Start Date(Month & Year)	End Date(Month & Year)	
City, State, and Zip Code			
Phone number	Your last job title		
Reason for leaving (be specific)			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all liability for any damage that may result from furnishing same to you.

Signature:	Date:
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