



## SPANGLER & BOYER MECHANICAL, INC.

5175 COMMERCE DRIVE  
YORK, PA 17408-9511

Telephone (717) 792-8854  
Fax (717) 792-6608

Date: \_\_\_\_\_

### Application for Employment This Application valid for 30 days

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last First Middle Social Security #

Present Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Are you either a U.S. citizen or an alien authorized to work in the United States? ☐ yes ☐ no  
Note: Proof of citizenship or immigration status will be required upon employment.  
(An I-9 form must be completed.)

Failure to submit such proof within the required time shall result in immediate termination.

List other name(s) under which you attended school or were employed \_\_\_\_\_

Do you have any relatives who are presently (or formerly) employed by Spangler & Boyer? \_\_\_\_\_

How were you referred to Spangler & Boyer? \_\_\_\_\_

#### EMPLOYMENT DESIRED:

Position: \_\_\_\_\_ Start date: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you employed now? \_\_\_\_\_ if so may we inquire of your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ where? \_\_\_\_\_ when? \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_

Drivers license # \_\_\_\_\_ State: \_\_\_\_\_ expiration date: \_\_\_\_\_

List all moving motor violations (other than parking) for the last 3 years \_\_\_\_\_

Have you ever been convicted of a felony? ☐ yes ☐ no If yes, please explain: \_\_\_\_\_

**EDUCATION:**      **NAME & LOCATION**      **YEARS ATTENDED**      **STUDIED**

**HIGH SCHOOL/GED:**

\_\_\_\_\_

**COLLEGE:**

\_\_\_\_\_

**TRADE SCHOOL OR  
BUSINESS SCHOOL:**

\_\_\_\_\_

**Do you have a current:**

**First Aid Certification**    \_\_\_\_ yes \_\_\_\_ no    **Expiration Date** \_\_\_\_\_ **Certifying Agency** \_\_\_\_\_

**CPR Certification**    \_\_\_\_ yes \_\_\_\_ no    **Expiration Date** \_\_\_\_\_ **Certifying Agency** \_\_\_\_\_

**OSHA 10 Hour Construction Safety Certification**    \_\_\_\_ yes \_\_\_\_ no

**U.S. MILITARY SERVICE:**

**Branch:** \_\_\_\_\_ **Length of service:** \_\_\_\_\_ **Rank at discharge:** \_\_\_\_\_

**Are you a member of National Guard or Armed Services Reserve?** \_\_\_\_\_

**Subjects of special study or research work:** \_\_\_\_\_

\_\_\_\_\_

**Special Skills:** \_\_\_\_\_

\_\_\_\_\_

## **EMPLOYMENT RECORD:**

(Please include all employment for the last five years )

1.	_____		_____
	COMPANY NAME(CURRENT/MOST RECENT EMPLOYER)	POSITION HELD	
	_____	DATES EMPLOYED: _____	
	ADDRESS	FROM / TO	
	_____	_____	
	MANAGER / SUPERVISOR	TELEPHONE	WAGE / SALARY
	_____		
	REASON FOR LEAVING		
	_____		
	BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES		
	_____		
2.	_____		_____
	COMPANY NAME	POSITION HELD	
	_____	DATES EMPLOYED: _____	
	ADDRESS	FROM / TO	
	_____	_____	
	MANAGER / SUPERVISOR	TELEPHONE	WAGE / SALARY
	_____		
	REASON FOR LEAVING		
	_____		
	BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES		
	_____		
3.	_____		_____
	COMPANY NAME	POSITION HELD	
	_____	DATES EMPLOYED: _____	
	ADDRESS	FROM / TO	
	_____	_____	
	MANAGER / SUPERVISOR	TELEPHONE	WAGE / SALARY
	_____		
	REASON FOR LEAVING		
	_____		
	BRIEF DESCRIPTION OF YOUR RESPONSIBILITIES		
	_____		

**Comments** (including explanation of any gaps in employment): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WORK AVAILABILITY:

1. When will you be available to begin work? \_\_\_\_\_
2. Do you have any objection to working overtime? (    ) yes (    ) no
3. Can you work overtime without prior notice? (    ) yes (    ) no
4. Can you work on Saturday? (    ) yes (    ) no
5. Can you work on Sunday? (    ) yes (    ) no
6. Can you travel if required by this position? (    ) yes (    ) no
7. Do you have transportation? (    ) yes (    ) no

### REFERENCES:

PLEASE DO NOT INCLUDE RELATIVES OR FORMER EMPLOYERS.

1. \_\_\_\_\_  
NAME YEARS KNOWN  
  
\_\_\_\_\_  
ADDRESS TELEPHONE  
  
\_\_\_\_\_  
OCCUPATION
2. \_\_\_\_\_  
NAME YEARS KNOWN  
  
\_\_\_\_\_  
ADDRESS TELEPHONE  
  
\_\_\_\_\_  
OCCUPATION
3. \_\_\_\_\_  
NAME YEARS KNOWN  
  
\_\_\_\_\_  
ADDRESS TELEPHONE  
  
\_\_\_\_\_  
OCCUPATION



### **Important Authorization and Understanding**

1. Completeness and accuracy of information. I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I understand, that if I am hired, any false or misleading information in support of my application may subject me to discharge at any time during the period of my employment.

2. Authorization for release of information and release from liability. I authorize you to verify any of the information given during the application process with appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of disclosure. I hereby release you and them from any liability whatsoever as a result of such inquiries and disclosures. A photocopy or other electronic reproduction of this authorization/release is binding, and may be relied upon.

3. Employment at will. I understand that if I am employed, I will be an employee at will. This means that either the employer or the employee may terminate the employment relationship with or without cause at any time.

4. No written, oral, or implied contracts. I understand that any written Company documents, oral statements, or formal or informal policies are not to be construed as granting an express or implied employment contract and that I am not entitled to rely upon any such documents, statements or Company policies as stating employment terms. The employment relationship with the Company may be modified only in writing directed to me by the President of the Company.

5. Benefits may be altered. I understand that the Company at its option may change, delete, suspend, or discontinue any part or parts of its benefit program at any time without prior notice, both while persons are actively employed and while retired or otherwise separated from employment with the Company.

6. I understand that a test for drug and alcohol misuse may be required as part of the interview process, and I hereby authorize the release of test results to the Company. I hereby consent to the performance of such medical examination and testing. I waive all claims arising out of these procedures against the Company and those performing the examination and testing. I understand and consent that as a condition of continued employment, I will submit to drug and alcohol testing in the future. I authorize the release of any such subsequent testing to the Company and waive all claims against it or those performing the examination and tests. I understand that I will be subject to immediate termination for failing to submit to examination or testing.

7. If an employment relationship is established, I agree to wear or use all protective clothing or devices as may be required by the Company and to comply with all safety policies and procedures.

**I acknowledge that I have read and understand the above statement in its entirety, and have had the opportunity to ask questions regarding any aspect of this application, and that I accept the above terms.**

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Signature

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Date