



APPLICATION FOR EMPLOYMENT
Please print clearly or type all information

Position you are applying for:						
What type of employment are you interested in?	Full Time		Part Time		Requested Wage:	

PERSONAL DATA					
Last Name		First Name		Middle	
Street Address			City	State	Zip
Home Phone No.	Cell Phone No.	Email Address			

QUESTIONNAIRE			
Are you authorized to work in the United States?	Yes	No	
<i>Non-citizen/registered aliens MUST provide a copy of your authorization to work issued by the U.S. Immigration and Naturalization Service</i>			
Are you currently employed?	Yes	No	
<i>If YES, may we contact your employer?</i>			
Are any of your educational or employment records found under a different name?	Yes	No	
<i>If YES, list all previous last names used:</i>			
Are you a former employee of Edwards Electrical & Mechanical/E-Solutions?	Yes	No	
<i>If YES, provide last date of employment and department</i> <i>Last Date of Employment: Department/Division:</i>			
Have you ever been discharged (fired) or forced to resign from any position?	Yes	No	
<i>If YES, provide employer name, date, and reason</i> <i>Employer: Date and Reason:</i>			
Do you have any relatives working for Edwards Electrical & Mechanical?	Yes	No	
<i>If YES, provide employee name, relationship, and department</i> <i>Employee: Relationship: Department:</i>			
Were you referred by a current employee?	Yes	No	
<i>If YES, provide employee's name</i> <i>Employee:</i>			

EMPLOYMENT HISTORY (List your employment history in the space below, starting with your MOST RECENT employment first)			
Start Date (mm/dd/yy):	End Date (mm/dd/yy):	Employer Name and Address (City & State):	
Title/Position Held:	Rate of Pay:	Supervisor Name:	Telephone Number:
May we contact this employer? Yes: No:		Reason for Leaving:	
Start Date (mm/dd/yy):	End Date (mm/dd/yy):	Employer Name and Address (City & State):	
Title/Position Held:	Rate of Pay:	Supervisor Name:	Telephone Number:
May we contact this employer? Yes: No:		Reason for Leaving:	



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EMPLOYMENT HISTORY (continued)

Start Date (mm/dd/yy):	End Date (mm/dd/yy):	Employer Name and Address (City & State):		
Title/Position Held:	Rate of Pay:	Supervisor Name:	Telephone Number:	
May we contact this employer?		Reason for Leaving:		
Yes:		No:		

EDUCATION, TRAINING AND CERTIFICATIONS

Schools Attended (High School and College/University including Home School)

Name and Location of School	Dates Attended (mm/yy)		Degree Earned (if completed)	Major	GPA
	From	To			

Related Training (Correspondence, Business, Trades, Vocational, Armed Forces Schools, etc...)

Name and Location of School	Dates Attended (mm/yy)		Courses/Subjects Completed	Credit Hours	Diplomas/Certificates Received
	From	To			

Related Professional Licenses and Certifications (provide documentation with application)

Issued By	Field/Trade Specialization	License/Certification Number	Issue Date	Expiration Date

REFERENCES

List at least 2 PROFESSIONAL (NOT a family member, close friend, etc...) and 1 PERSONAL references

Name	Relationship	Phone Number	Email Address



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WAIVERS AND DISCLOSURES

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired; my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the Company's designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO OBTAIN CONSUMER REPORTS UNDER THE FAIR CREDIT REPORTING ACT

I hereby authorize MEP Holding Co., Inc. ("MEP") or its authorized agents, for employment purposes, to obtain or prepare consumer reports at any time after it receives this authorization, including any time that I may be employed by MEP.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Verified First, other consumer reporting agencies, or MEP..

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

Non-Discrimination Policy: MEP Holding Company is committed to the principle of equal opportunity in education and employment. The Company does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

By my signature, I certify, authorize and acknowledge the above statements and declare that I have read the application instructions.

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Signature

Date

(Unsigned applications will not be considered)