



Alpha Mechanical

1866 Friendship Drive • El Cajon, CA 92020 • (858) 278-3500

Application for Employment

Alpha Mechanical is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Applicant Information

Name: (Last, First)		Date:
Street Address:		Apt or Unit #:
City:	State and Zip:	
Phone	Email	

Desired Employment

Position(s) applying for:	Date available to start	Wage desired
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied or worked at Alpha Mechanical, Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", dates from _____ to _____	Supervisor:	
Do you have any friends or relatives that are currently working at Alpha Mechanical, Inc? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Relationship to you:	
How did you hear about Alpha Mechanical? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> ABC		
<input type="checkbox"/> Employee Referral: _____ <input type="checkbox"/> Other: _____		

Education/ Training

School Level	Name/ City	# of years attended	Graduate?	Major
High School				
College				
Graduate School				
Trade/ Vocational School				

Please list any special training, certifications or professional designations that would better qualify you for the position(s) for which you are applying:



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Employment History: *Even if you have attached a resume, this section must be completed:*

Company Name		City and State:
Start Date	End Date	Position:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor	Supervisor's Title	Phone #:
Reason for leaving:		

Company Name		City and State:
Start Date	End Date	Position:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor	Supervisor's Title	Phone #:
Reason for leaving:		

Company Name		City and State:
Start Date	End Date	Position:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor	Supervisor's Title	Phone #:
Reason for leaving:		

Company Name		City and State:
Start Date	End Date	Position:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supervisor	Supervisor's Title	Phone #:
Reason for leaving:		



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References: please include three persons that can attest to your work abilities

Name:		Relation:	
Occupation:		Company:	
Phone:		# of years acquainted	
Name:		Relation:	
Occupation:		Company:	
Phone:		# of years acquainted	
Name:		Relation:	
Occupation:		Company:	
Phone:		# of years acquainted	

Military

Branch:	Final Rank
Total Years of Service	Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special skills/ trades:	