

MidState Mechanical & Electrical, LLC
121 West Church St.
Dillsburg, PA 17019
717.620.2430
717.620.2431

Employment Application



MidState Mechanical & Electrical, LLC is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status or any other characteristics protected by law. Information provided on this application will not be used for any discriminatory purpose.

Personal Information

Last:	First:	Middle:	Date:	
Street Address:			Home Phone:	
City:	State:	Zip:		
Email Address:				
Are you 18 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Summer	
Are you authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you able to work overtime if asked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Approximately how far are you willing to travel from our Corporate office to a job? (<i>Applicable for Field Employees</i>)	<input type="checkbox"/> 1 Hour	<input type="checkbox"/> 2 Hours	<input type="checkbox"/> Out-of-town 3+ Hours	<input type="checkbox"/> N/A
Do you possess a valid PA Drivers License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Exp. Date:	Class:
Have you been convicted, pleaded guilty, or Nolo Vontendere (no contest) to a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

If yes, please describe type and date of conviction. Conviction will not necessarily disqualify an applicant from employment.

Employment Desired

Position Desired: (Position Desired must be specified. 'Any Position' will not be accepted.)	Date you can start:	
Hourly rate expected:		
Have you ever applied or worked for us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?
Reason for leaving:		
Who referred you to our company?	<input type="checkbox"/> Radio	Which Station:
	<input type="checkbox"/> Newspaper	Which Paper:
	<input type="checkbox"/> Our Employee	Employee's Name:
	<input type="checkbox"/> State Employment Office	<input type="checkbox"/> Walk-in
	<input type="checkbox"/> Other	Please Specify:
Do any of your friends or relatives work here?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please state name(s).		

Employment Record

Starting with your present or most recent employer, list your last three employers including any periods of self-employment.

Previous Employer:	Starting Date:
Address:	Leaving Date:
Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Final Salary/Hourly Rate:
Supervisor:	Telephone Number:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?
Brief description of job duties:	
Reason for leaving:	

Previous Employer:	Starting Date:
Address:	Leaving Date:
Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Final Salary/Hourly Rate:
Supervisor:	Telephone Number:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?
Brief description of job duties:	
Reason for leaving:	

Previous Employer:	Starting Date:
Address:	Leaving Date:
Job Title: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Final Salary/Hourly Rate:
Supervisor:	Telephone Number:
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why?
Brief description of job duties:	
Reason for leaving:	

Please give a brief explanation for any gaps in employment:

Education

School Level	Name and Location of School	Major Course/Subject	Did you Graduate?	Degree/Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

References

Please list two people who are not related to you and who have some knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed under Employment Record section.

Name	Phone Number	Occupation	Years Acquainted

Specialized Skills (If Applicable)

- Typing WPM _____ Microsoft Word Excel Outlook Access
 Other Software: _____ Other Skills and/or equipment _____

Please state any additional information you feel may be helpful to us in considering your application.

Certifications/Designations/Licenses

Course	Certification/State	Expiration Date:

I hereby certify that the answers and any other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for termination from MidState Mechanical & Electrical, LLC, if I am employed.

I hereby authorize MidState Mechanical & Electrical, LLC to obtain a copy of a consumer report from a consumer reporting agency for employment purposes. I understand that a consumer report may include information regarding my criminal history, credit history, general reputation, character and other background information.

I understand that nothing in this application or in the granting of an interview is intended to create a guarantee of employment, or an employment contract between MidState Mechanical & Electrical, LLC and myself for either employment or for the providing of any benefit. If an employment relationship is established, I hereby understand and acknowledge: 1) that any employment relationship with MidState Mechanical & Electrical, LLC is of an At-Will nature which means that I have the right to terminate my employment at any time for any reason and that MidState Mechanical & Electrical, LLC retains the same right, and 2) after discussion and reasonable notice, my hours of employment may change, based on the business needs of MidState Mechanical & Electrical, LLC.

In the event that I am offered and accept a position with MidState Mechanical & Electrical, LLC, I understand that I am expected to comply with MidState Mechanical & Electrical, LLC's policies and other communications distributed to all employees. I acknowledge that MidState Mechanical & Electrical, LLC reserves the right to amend or modify the policies in its employee handbook and other policies at any time, for any reason, without prior notice.

Date

Signature

Printed Name

If any of your educational or employment records are under other than the above name, please provide the other name(s).

Your completed application will be maintained in our active files for twelve (12) months from the date of application.

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Service Experience Questionnaire



* Please complete both sides of this form!

Employee / Applicant: _____ (please print)	Date: _____
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Rate your experience in the following areas of work, using the following categories:

- A = Able to work unsupervised
- B = Very experienced under supervision
- C = Some experience under supervision
- D = No experience

		A	B	C	D
Supervision, Reading Blue Prints, Scheduling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Layout		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument / Elevation Work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Heavy Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Footings / Piers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anchor Bolts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Walls / Structures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rebar Placement		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Slabs:	Form & Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hand Finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Power Finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Steps		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Walks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Curb Pans		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masonry		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siding		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you weld?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Certified?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Carpentry:	Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Layout / Cut Rafters / Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cabinets / Top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Experience Questionnaire

Rate your experience in the following areas of work, using the following categories:

- A = Able to work unsupervised
- B = Very experienced under supervision
- C = Some experience under supervision
- D = No experience

		A	B	C	D
Metal Roofing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shingles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EPDM Roofing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caulking / Sealant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door & Hardware:	Hollow Metal Jambs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wood Jamb and Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wood Doors (not prehung)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Prehung Wood Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Hollow Metal Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Panic / Exit Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Shooting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metal Studs / Furring		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall:	Hang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tape & Finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acoustical Ceilings		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VCT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpet		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialties:	Toilet Partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Toilet Accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maintenance / Troubleshooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HVAC		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maintenance / Troubleshooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Maintenance / Troubleshooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>