



APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Upon Completion Email to Eric@Romanmechanical.com

<p>Non-Discrimination Policy: Roman Mechanical provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, amnesty, or status as a covered veteran in accordance with applicable federal, state and local laws. Roman Mechanical complies with applicable Federal, State and Local laws governing non-discrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.</p>		
GENERAL INFORMATION		Date
Position(s) Applied For (1)	(2)	
Referral Source <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Professional Journal <input type="checkbox"/> Internet Search <input type="checkbox"/> Relative <input type="checkbox"/> College/University <input type="checkbox"/> Other		
Name		
Street Address		
City	State	Zip
Home Phone	Cell Phone	Email
Have you ever filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give date
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, give date
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your employer?
Are you a United States citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, do you have a valid work permit?
(Proof of citizenship or immigration status may be required upon employment)		
Employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		
When are you available for work?		Are you on a lay-off and subject to rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
In the past five years, have you been convicted of an offense other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Graduate School				
Business or Trade School				
Professional School				
Special Honors:				
COMPUTER SKILLS				
<i>Check off those computer skills with which you are proficient (any version).</i>				
<input type="checkbox"/> PC User	<input type="checkbox"/> Macintosh User	<input type="checkbox"/> Windows	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Word
<input type="checkbox"/> Email	<input type="checkbox"/> Internet	<input type="checkbox"/> Web Page Design/Maintenance	<input type="checkbox"/> Microsoft Access	<input type="checkbox"/> Microsoft Publisher
Other (please list)				
DRIVER'S LICENSE				
Do you have a driver's license?			Expiration Date:	
Driver's License No.	State of Issue	<input type="checkbox"/> Operator	<input type="checkbox"/> Commercial	<input type="checkbox"/> Chauffeur
Have you had any accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			How many?	
Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			How many?	
MILITARY				
Are you a veteran of the United States military service? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what branch?	
If yes, Date entered			Date discharged	
If yes, please describe any special skills or training acquired while in the service:				
OTHER SPECIAL SKILLS				
Please list other special skills you may have, e.g... fluency in other languages, licenses, certifications, special training required for the position for which you are applying, etc.:				

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

Employer	Address	Phone
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Job Title	Supervisor	From (date)	To (date)
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Reason for Leaving

Work Performed

Employer	Address	Phone
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Job Title	Supervisor	From (date)	To (date)
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Reason for Leaving

Work Performed

Employer	Address	Phone
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Job Title	Supervisor	From (date)	To (date)
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Reason for Leaving

Work Performed

Employer	Address	Phone
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Job Title	Supervisor	From (date)	To (date)
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Reason for Leaving

Work Performed

REFERENCES	
Please list two references other than relatives or previous employers	
Name	Name
Position	Position
Company	Company
Address	Address
Phone	Phone
WAIVERS AND DISCLOSURES	
Please read each section carefully and sign where indicated.	
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 representatives made by agents or representatives of this organization.	
CERTIFICATION OF TRUTH AND ACCURACY	
I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.	
AGREEMENT	
On entering the employ of Roman Mechanical Inc, I agree to observe all the rules of my employer and governmental regulations which may apply to my duties. I understand that any continuation of my employment shall depend upon satisfactory replies on any background check and from my references, acceptance by the bonding company and performance satisfactory at all times to my employer. I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated, with or without cause or notice, and without liability for doing so at any time. I understand that no representative of Roman Mechanical, other than the President of the Company, has authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing, and that any such agreement, to be enforceable, must be in writing and signed by the President of the Company.	
I hereby acknowledge that Roman Mechanical or its agents may wish to conduct a complete investigation of my background and suitability to provide services to Roman Mechanical. I hereby consent to and authorize the release to Roman Mechanical or its agent of any and all information in the possession of any police department or other law enforcement agency, department of motor vehicles, any other state or federal agency, any personnel representing any school which I have attended, any past or present employer, any bank or other financial institution, or any credit bureau or other credit reporting agency.	
My signature appearing hereon should be accepted by any of the above described person or entities as my request to disclose information in their possession to Roman Mechanical or its agents. I hereby release from any and all liability Roman Mechanical and its agents including any persons or entities described above which either gathers or releases information pursuant to this consent and authorization.	
I further consent to any testing as may be required by Roman Mechanical including but not limited to drug and/or alcohol testing.	
Please Sign Here: _____	Date: _____

*This application will be considered active for a maximum of ninety (90) calendar days. If you wish to be considered for employment after that time, you must re-apply. For inquiries regarding the Company's nondiscrimination policies, contact Human Resources Director, Roman Mechanical, 1100 International Plaza, Chesapeake, VA 23323. **Thank you for applying to Roman Mechanical.***



Non Discrimination Policy: Roman Mechanical is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, sex, national origin, marital status, gender identity, gender expression, veteran’s status or non-disqualifying disability.

Affirmative Action Survey

Government agencies require periodic reports on sex, ethnicity, disability, and veteran status of applicants. Submission of information about a disability is voluntary. This data is for analysis and affirmative action only.

Check One

Male Female Nonbinary

Check All That Apply

White
 Black
 Hispanic
 American Indian/
Alaskan Native
 Asian/
Pacific Islander
 Other

Check All That Apply

Disabled
 Veteran
 Disabled Veteran
 Vietnam Era Veteran

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and individuals with a physical or mental disability.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment disabled individuals.

If you are a disabled veteran or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

Disabled Disabled Veteran Vietnam Era Veteran

Printed Name: _____
 Signature: _____
 Date: _____

Roman Mechanical Inc
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 202-940-3038