



Today's Date: _____

Please Print					
LAST NAME		FIRST NAME		INITIAL	Home Telephone () ()
Present Address		Apt/Space #	City		State Zip
Email Address:			Available to start:		
Position Applying For:		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required to drive do have good driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No *Driver positions are required to have good DMV record	
If hired, can you submit certification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you hear about this employment opportunity? <input type="checkbox"/> Employment Development Department <input type="checkbox"/> Website <input type="checkbox"/> Recruitment Card / Flyer <input type="checkbox"/> Referral: _____ <input type="checkbox"/> Walk-In <input type="checkbox"/> Other, please describe: _____			

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
 If no, describe the functions that cannot be performed.

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Personal Information					
Have you ever worked for this company under your current name or any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name(s) & date(s) below: Name (if different): _____ Dates: _____					
EDUCATION	Name & Address	Course Major	Did You Graduate	Years Completed	Degree Received
High School					
College					
Graduate School					
Technical, Business, Vocational School					
List any foreign languages and proficiency (read, write, speak).					
List any certificates or licenses obtained and date received.					

References: List any references that we may contact.			
1. Name	Address	City	State, Zip
Relationship	Email:	Cell No.	Years Known
2. Name	Address	City	State, Zip
Relationship	Email:	Cell No.	Years Known
3. Name	Address	City	State, Zip
Relationship	Email.	Cell No.	Years Known

EMPLOYMENT HISTORY PLEASE PRINT				
THIS SECTION MUST BE COMPLETED –List below all present and past employment starting with your most recent employer (last 4 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume. ATTACH AN ADDITIONAL SHEET IF NECESSARY.				
1	FROM (MO-YR.)	COMPANY NAME	JOB TITLE / POSITION	COMPANY PHONE #
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Email for Contact:				
2	FROM (MO-YR.)	COMPANY NAME	JOB TITLE/POSITION	COMPANY PHONE #
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Email for Contact:				
3	FROM (MO-YR.)	COMPANY NAME	JOB TITLE/POSITION	COMPANY PHONE #
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Email for Contact:				
4	FROM (MO-YR.)	COMPANY NAME	JOB TITLE/POSITION	COMPANY PHONE #
	TO (MO-YR.)	ADDRESS, CITY, STATE, ZIP	SUPERVISOR'S NAME	REASON FOR LEAVING
	DESCRIPTION OF DUTIES (INDICATE RESPONSIBILITIES, ACCOMPLISHMENTS & CONTRIBUTIONS)			
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No Email for Contact:				

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Rice Services Inc., NP Mechanical Inc., B2C Mechanical Inc., to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to Rice Services Inc., NP Mechanical Inc., B2C Mechanical Inc any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Rice Services Inc., NP Mechanical Inc., B2C Mechanical Inc, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in this application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between Rice Services Inc., NP Mechanical Inc., B2C Mechanical Inc and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on Rice Services Inc., NP Mechanical Inc., B2C Mechanical Inc., unless made in writing and signed by me and the company's designated representative.

_____ I understand that it is a compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required eligibility verification document form upon hire.

Applicant's Signature: _____

Date: _____

APPLICATIONS WITHOUT SIGNATURES WILL BE DENIED