

Acy Mechanical, LLC
Medical, Dental and Vision Insurance

Acy Mechanical offers medical, dental and vision insurance after 90 days of employment.

401K Retirement Plan

Acy Mechanical offers a retirement plan after 6 months of employment.

Vacation

Employees receive a week paid vacation after one year of employment, per year.

Holidays

After 90 days of employment all paid holidays, listed in handbook, will be observed.

**APPLICATION FOR EMPLOYMENT
ACY MECHANICAL, LLC ("COMPANY")**

Name _____
 Present Address _____
 How long have you lived at this address? _____
 This City? _____ This State? _____
 Phone Number: _____
 Previous Address: _____

 How long did you live at this location: _____

Have you ever applied for employment with this Company? Yes _____ No _____ If yes, when? _____
 Have you ever been employed with this Company? Yes _____ No _____ If yes, when? _____
 Do you have legal authorization to be employed in the United States? _____
 Do you have dependable transportation? Yes _____ No _____
 Would you accept out of town employment? Yes _____ No _____
 Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain: _____

 Have you ever had your employment terminated for cause? Yes _____ No _____ If yes, please explain: _____

EDUCATION:

Please indicate the number of years of attendance and any degrees you attained in the following:

	Number of Years	Did you graduate?
High School	_____	Yes _____ No _____
Vo-Tech	_____	Yes _____ No _____
College	_____	Yes _____ No _____

List courses taken which are part of your Craft background: _____

Desired Position: _____
 Date you can start: _____
 Desired Wage: _____

CRAFT TRAINING AND EXPERIENCE:

Have you ever held one of the following positions:

- | | |
|-------------------------------------|----------------------------|
| Finish Carpenter _____ | Plumber _____ |
| Form Carpenter _____ | Pipe Layer _____ |
| Carpenter Foreman _____ | Pipe Fitter _____ |
| Concrete Laborer _____ | Construction Laborer _____ |
| Concrete Finisher _____ | Construction Laborer _____ |
| Reinforcing Steel/Iron Worker _____ | Surveyor _____ |
| Structural Steel Worker _____ | Mechanic _____ |
| Structural Steel Forman _____ | Electrician _____ |
| Welder _____ | Operator* _____ |

*If Operator, what type of construction equipment do you operate? _____

Can you interpret Construction blue prints? Yes _____ No _____

List all other construction related positions held: _____

Are you presently employed? Yes _____ No _____

If yes, who is your present employer? _____

May we contact your present employer? Yes _____ No _____

Name of person to contact: _____

Present employer's telephone number and address: _____

EMPLOYMENT HISTORY (List Most Recent First)

Name of Company _____

Address _____

Telephone Number _____

Name of Supervisor _____

Dates of Employment _____

Position(s) Held _____

Wage: Beginning/Ending _____

Reason for Leaving _____

Name of Company _____

Address _____

Telephone Number _____

Name of Supervisor _____

Dates of Employment _____

Position(s) Held _____

Wage: Beginning/Ending _____

Reason for Leaving _____

Name of Company _____

Address _____

Telephone Number _____

Name of Supervisor _____

Dates of Employment _____

Position(s) Held _____

Wage: Beginning/Ending _____

Reason for Leaving _____

Do you have a valid driver's license? Yes _____ No _____

****If you checked yes, satisfactory proof will be required prior to any job interviews.****

Driver's License Number _____ State of License _____

Commercial License? Yes _____ No _____

Have you had an accident or moving violation in the past three (3) years? _____

Do you own your own craft tools? _____

Are you able to perform the essential functions of this job with or without special accommodations?

With _____ Without _____ If with accommodation, what type of accommodation would be needed? _____

Who should be notified in case of an emergency: (Name, Address, Telephone Number, Relationship) _____

PLEASE READ CAREFULLY

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination whenever discovered.

I authorize you to make such investigations and inquiries of my personal, employment, financial or other related matters as may be necessary in arriving at an employment decision. I further release all parties from any and all liability for any damages flowing from the gathering and issuing of this information.

I understand and agree, if hired, my employment is for no definite period of time and may, regardless of the method of payment of my wages or salary, be terminated at any time for any reason without any prior notice. If employed, I agree to acquaint myself with, and to abide by all rules and regulations established or amended by the Company.

Following a conditional offer of employment, I agree to submit myself for a physical examination (including blood, urine and other tests such as drug and alcohol tests) by persons designated by the Company and to any future tests and/or drug/alcohol test that the Company may require. I further authorize the release of the results of any physical examination and/or drug/alcohol test to the Company and release all parties from any and all liability in any way associated with or resulting from such physical examination and/or tests and/or the reporting of the test results.

I acknowledge that the Company reserves the right to inspect all property (including cars, purses, lockers, desks, lunch boxes, packages and other containers) on the Company's premises and job sites and, if employed, I agree to cooperate with such inspections as a condition of continued employment.

I authorize the Company to make payroll deductions should I become indebted to the Company. Upon my termination, I agree to pay all accounts in full.

I have read the foregoing agreement and accept the terms therein stated.

Signature: _____

Date: _____

EQUAL OPPORTUNITY EMPLOYER

Acy Mechanical is an equal opportunity employer. It has been and continues to be the policy of the Company to seek and employ the best qualified personnel available regardless of race, color, religious creed, national origin, gender, disability, union or non-union status, age, military service or other legally protected status.

Due to the nature of construction work, this application will be considered active for only thirty (30) days. If you are not called for an interview or hired during this period, it will be necessary to re-apply for further consideration.

INVITATION FOR VOLUNTARY SELF-IDENTIFICATION

Acy Mechanical, LLC ("Company") is committed to equal employment opportunity for all employees. As a federal contractor, the Company is required to take affirmative action to employ and advance in employment women and minorities, disabled individuals, disabled veterans and veterans of the Vietnam Era. To assist the Company in properly identifying its employees and applicants for consideration in the Company's Affirmative Action Program and to comply with Federal law, we invite you to complete the information contained in this form. Completion of this form is **strictly voluntary** and declining to complete this form will not subject you to any adverse employment action or treatment. **If you do not wish to complete this form, proceed to APPLICATION.**

On the form below, please check the appropriate gender, race/ethnic group and disabled or veteran status box for self-identification.

If you have a disability, it would assist us if you tell us about (i) any special methods, skills and procedures which qualify you for the positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind, and (ii) the accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services, or other accommodations. Information you submit about your disability will be kept confidential except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing laws administered by OFCCP or the Americans with Disabilities Act, may be informed.

Name _____ Date _____

Completion of Name affirms that the information submitted is true and accurate.

GENDER

Male Female

RACE/ETHNIC GROUP

<input type="checkbox"/>	American Indian or Alaskan Native	A person having origins in any of the original peoples of North or South America, and who maintains tribal affiliation or has community recognition as an American Indian or Alaskan Native.
<input type="checkbox"/>	Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam.
<input type="checkbox"/>	Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/>	Hispanic or Latino (All Races)	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origins, regardless of race.
<input type="checkbox"/>		Hispanic or Latino (White Race Only) A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture and of the White race.
<input type="checkbox"/>		Hispanic or Latino (All Other Races) A person of Mexican, Puerto Rican, Cuban Central or South American, or other Spanish Culture or origin, and of any race other than White.
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	A person having origins of any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/>	White	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

DISABLED OR VETERAN STATUS

I believe I am eligible to be considered for the Company's Affirmative Action Program for the Disabled, Disabled Veterans and Veterans of the Vietnam Era.

<input type="checkbox"/>	Disabled Individual: A person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment or is regarded as having such impairment.
<input type="checkbox"/>	Disabled Veteran: A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
<input type="checkbox"/>	Vietnam Era Veteran: A person who 1) served on active duty for more than 180 days: (A) during the period beginning on February 28, 1961 and ending on May 7, 1975, in the case of a veteran who served in the Republic of Vietnam during that period; or (B) during the period beginning August 5, 1964 and ending May 7, 1975, in all other cases; and was released with other than a dishonorable discharge, or 2) was discharged or released from active duty for a service-connected disability if any part of such active duty was during those dates.
<input type="checkbox"/>	Other Eligible Veterans: A person who 1) served in a "war", including veterans with active duty service between December 7, 1941 and April 28, 1952, or 2) served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded. If you are a veteran in this category, please complete the information below.

Campaign/Expedition: _____ Date: _____ Branch: _____

REQUEST FOR ACCOMMODATION

I request the following accommodation(s) to perform the essential functions of the job:

**DISCLOSURE AND AUTHORIZATION FOR
BACKGROUND INVESTIGATION AND RELEASE**

I hereby authorize Acy Mechanical, LLC ("Company") and/or any entity directed by Company to conduct a reference check and to obtain an investigative consumer report and/or consumer credit report for employment purposes, including, in connection with, my application for employment or continued employment.

An "investigative consumer report" includes any information as to your character, general reputation, personal characteristics or mode of living. A "consumer credit report" includes any information regarding your credit worthiness, credit standing or credit capacity. The specific nature and scope of the investigative consumer report may include inquiries regarding educational background; work history; personal financial status and credit history; workers compensation claims; court records, including criminal conviction records as permitted by law; driving history; verification of Social Security Number; and references obtained from professional and personal associates.

I further understand and agree that an investigative consumer report and/or consumer credit report may be obtained at any time, and any number of times, as the Company in its sole discretion determines it is necessary before, during or after my employment.

I understand that I may request a copy of the investigative consumer report provided to Company. I acknowledge receipt of the attached summary of rights regarding an investigative consumer reporting agency's obligations pursuant to the Fair Credit Reporting Act.

I hereby authorize all previous employers, educational institutions, consumer reporting agencies and other persons or entities having information about me to provide such information to Company or other entity that obtains information for Company. I further fully release Company, its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation, including, but not limited to, investigators, credit agencies and those companies or individuals who provide information to Company concerning me from any claims or actions for liability whatsoever related to the process or results of the background investigation.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this Disclosure and Authorization is not an offer for employment by Company or a contract for employment with Company. I further understand Company operates under an AT-WILL EMPLOYMENT POLICY and this Authorization does not alter or affect that policy in any manner whatsoever.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____