

APPLICATION FOR EMPLOYMENT

Trades

(Confidential)

MAST & BRUNK, INC.

Mast & Brunk, Inc. shall base employment decisions on merit, experience, qualifications and/or competence. Employment decisions shall not be influenced or affected by virtue of an applicant's or employee's race, color, religion, sex, national origin, ethnicity, disability, veteran status, age, pregnancy, or any other characteristic protected by applicable state, federal, or local law. This policy governs all aspects of employment, including recruitment and hiring, promotion, assignment, compensation, benefits, training, discharge, and all other terms and conditions of employment.

PERSONAL DATA

Last Name	First	Middle
Current Address: _____		
Street	City/State	Zip
Permanent Address: _____		
Street	City/State	Zip
Are you 18 years of age or older? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
In Emergency, notify: _____		
Name	Daytime Phone	Alternate Phone
Are you a U.S. Citizen _____ If not, type of visa _____		

EMPLOYMENT INTEREST

Type of work desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Part Time
Position desired: _____ Date Available _____ Expected Wage _____
How did you come in contact with Mast & Brunk (Check all boxes which apply)?
<input type="checkbox"/> Mast & Brunk Employee (Specify) _____ <input type="checkbox"/> Newspaper Advertisement
<input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Virginia Employment Commission
Have you worked for or applied to Mast & Brunk in the past? _____ If yes, explain _____

SPECIALIZED TRAINING

Licenses and Certificates (check all boxes which apply and circle level):	
<input type="checkbox"/> Plumbing: Journeyman or Masters	<input type="checkbox"/> Electrical: Journeyman or Masters
<input type="checkbox"/> HVAC: Journeyman or Masters	<input type="checkbox"/> Refrigerant: Universal or Type 2
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Medical gas system installer or equivalent
Other training (check all boxes which apply and circle type):	
<input type="checkbox"/> Pressed fittings: Plumbing, gas, freon	<input type="checkbox"/> Flexible gas line (Wardflex, Omegaflex, etc.)
<input type="checkbox"/> OSHA: 10 Hour, 30 Hour	

EDUCATION INFORMATION

School Name/Location	From	To	Major Course	Degree
High School				
College				
Graduate				
Other				

Honors, Awards, Scholarships, Etc. _____
 Extracurricular Activities _____

Language(s): _____ Read Write Speak
 _____ Read Write Speak
 _____ Read Write Speak

MILITARY RECORD INFORMATION

Active Service: From _____ To _____ Branch _____ Rank _____
 Specialization/Duties: _____
 Type/Date of Discharge: _____
 National Guard Status _____ Reserve Status _____

EMPLOYMENT INFORMATION (List most recent position first. Include part time and summer.)

Employers	Dates (Start/End)	Position(s) Held	Wage	Reason for Leaving
Name			Start	
Address			End	
Phone No.:		Supervisor:		
Name			Start	
Address			End	
Phone No.:		Supervisor:		
Name			Start	
Address			End	
Phone No.:		Supervisor:		
Name			Start	
Address			End	
Phone No.:		Supervisor:		

May we contact previous employers? Yes No
 May we contact current employer? Yes No

