

Mountain State Inspections LLC Employment Application

Please Print

Position Applied For: _____

Date: ___/___/___

APPLICANT DATA:

Full Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Cell / Other Phone: _____ E-Mail Address: _____

Date available to start: _____ Social Security #: _____

Are you a citizen of the United States? Yes No If not, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-time Part Time Temporary Seasonal

Have you ever pled "guilty," "no contest," or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number: _____ State: _____

Who referred you to us? _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No GPA: _____

College / University: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No GPA: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No GPA: _____

REFERENCES:

Please furnish the names, addresses and telephone numbers of three people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: () _____ Address: _____

Name: _____ Phone: () _____ Address: _____

Name: _____ Phone: () _____ Address: _____

Mountain State Inspections LLC
2705 Jacob Street
Wheeling, WV 26003
(304) 312-2382

5865-18 (10/03)

Applicant Signature: _____ Date: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal. I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.

AUTHORIZATION AND ACKNOWLEDGEMENTS:

Reason for Leaving: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Responsibilities: _____

Phone: () _____ Supervisor: _____ Title: _____

Firm: _____ Address: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Reason for Leaving: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Responsibilities: _____

Phone: () _____ Supervisor: _____ Title: _____

Firm: _____ Address: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Reason for Leaving: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Responsibilities: _____

Phone: () _____ Supervisor: _____ Title: _____

Firm: _____ Address: _____

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

PREVIOUS EMPLOYMENT (begin with most recent position):

SUMMARIZE ANY SPECIAL SKILLS OR QUALIFICATIONS:
