



**Alliance Mechanical Solutions, LLC**

**33981 US Hwy 59**

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**APPLICATION FORM**

Alliance Mechanical Solutions, LLC is an equal opportunity employer. We do not discriminate against any applicant because of race, age, creed, color, sex, national origin, disability, veteran status or status with in any other protected group.

Date: \_\_\_\_\_

NAME Last	First	Middle Init.	Area Code	Home Phone
HOME Street	City, State	Zip Code	Area Code	Alternate Phone

Salary Range \$ \_\_\_\_\_ Social Security # \_\_\_\_\_ Currently Working? \_\_\_\_\_

Work Preference: Full time \_\_\_\_\_ Part-time \_\_\_\_\_ Temp \_\_\_\_\_ E-mail: \_\_\_\_\_

How were you referred to us? Friend \_\_\_\_\_ Relative \_\_\_\_\_ Classified Ad \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Please list name \_\_\_\_\_

Staffing Agency: \_\_\_\_\_

Shift Preference (if applicable): 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Type of Drivers License: Regular \_\_\_\_\_ Occupational \_\_\_\_\_ CDL \_\_\_\_\_ None \_\_\_\_\_

License # \_\_\_\_\_ D.O.T. Expiration: \_\_\_\_\_

Are you an active or inactive/veteran of the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch: \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Date available for work: \_\_\_\_\_

Position or type of work for which you are applying: 1st Choice \_\_\_\_\_ 2nd Choice: \_\_\_\_\_

**PLEASE INDICATE YOUR CERTIFICATION BACKGROUND**

- TWIC
- PASSPORT
- SAFE GULF
- HUET CERTIFICATION
- DRIVERS LICENSE
- SAFETY SPECIALTY TRAINING
- A) \_\_\_\_\_
- B) \_\_\_\_\_

**PLEASE INDICATE YOUR EDUCATIONAL BACKGROUND**

- Some High School \_\_\_\_\_
- High School Graduate \_\_\_\_\_
- Some College \_\_\_\_\_
- Undergraduate Degree \_\_\_\_\_
- Graduate Degree \_\_\_\_\_
- Apprentice, Business, Tech. School \_\_\_\_\_

**PLEASE INDICATE YOUR PROFESSIONAL BACKGROUND**

- Offshore
- Shipyard
- Industrial
- Nuclear
- Pulp and paper
- Steel

**PLEASE INDICATE YOUR CRAFT BACKGROUND**

Please list years of experience

<input type="checkbox"/> Copper Nickel	YRS:	<input type="text"/>	<input type="checkbox"/> Chrome	YRS:	<input type="text"/>
<input type="checkbox"/> Stainless	YRS:	<input type="text"/>	<input type="checkbox"/> Structural	YRS:	<input type="text"/>
<input type="checkbox"/> Carbon	YRS:	<input type="text"/>	<input type="checkbox"/> Tig	YRS:	<input type="text"/>
<input type="checkbox"/> Pipe	YRS:	<input type="text"/>	<input type="checkbox"/> Mig	YRS:	<input type="text"/>
<input type="checkbox"/> Tube	YRS:	<input type="text"/>	<input type="checkbox"/> Stick	YRS:	<input type="text"/>
<input type="checkbox"/> Set-up	YRS:	<input type="text"/>	<input type="checkbox"/> Fluxcore	YRS:	<input type="text"/>
<input type="checkbox"/> Read Blueprints	YRS:	<input type="text"/>	<input type="checkbox"/> Steel	YRS:	<input type="text"/>

**PLEASE RATE YOUR SKILL LEVEL**

<input type="checkbox"/> CLASS A	<input type="checkbox"/> Entry Level	<input type="checkbox"/> Apprentice
<input type="checkbox"/> CLASS B	<input type="checkbox"/> Forman	<input type="checkbox"/> Journeyman
<input type="checkbox"/> CLASS C	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Supervisor

**PLEASE LIST PRIOR CERTIFICATION INFORMATION**

Company	Certification date	
<input type="checkbox"/> 1.) _____	Month: <input type="text"/>	Year: <input type="text"/>
<input type="checkbox"/> 2.) _____	Month: <input type="text"/>	Year: <input type="text"/>
<input type="checkbox"/> 3.) _____	Month: <input type="text"/>	Year: <input type="text"/>

PLEASE 'X' AREA IN MARGIN ANY PAST EMPLOYER LISTED BELOW YOU DO NOT WISH CONTACTED.

**EMPLOYMENT EXPERIENCE**

STARTING WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS. INCLUDE SELF-EMPLOYMENT, MILITARY SERVICE, SUMMER AND PART-TIME JOBS. USE SEPARATE SHEET IF NECESSARY.

I. Employer \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
 Title/Position \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
 Describe Major Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

II. Employer \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
 Title/Position \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
 Describe Major Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Account for all periods of unemployment of one month duration or more since you left school until the present.

Continue on a separate sheet if necessary.

FROM

TO

STATE WHAT YOU WERE DOING

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Month/Year

Are you a United States Citizen if not, do you have the legal right to work in this country? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you have any obligations to previous employers relative to patents, inventions or processes, or with respect to confidentiality or competition agreements? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been convicted of any violation of the law other than minor traffic violations? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been convicted of a felony? Yes\_\_\_\_\_ No\_\_\_\_\_

(Please do not include any convictions that have been expunged.)

If yes, please explain. \_\_\_\_\_

(A conviction is not an automatic bar to employment.)

**APPLICANT'S STATEMENT**

(If you have any questions regarding the following statements, please ask before signing.) I understand that all information included on this application and/or during the interview process will be made available to all present and future employees of Alliance Mechanical Solutions, LLC and its related entities. I certify that all statements made in this application are true and complete to the best of my knowledge and I have not withheld any information requested on this form. I authorize AMS to contact each of my former employers, except those I have indicated, as well as schools and law enforcement agencies to obtain information needed to consider me for employment and indemnify and hold harmless such parties from any and all claims of liability arising from the disclosure or release of any information or opinions concerning my employment pursuant to this authorization, except for the willful disclosure of derogatory facts made for the express purpose of preventing me from obtaining employment, which the officer, employer or agent disclosing such facts knows are untrue. I also understand that should I become an employee of AMS, AMS has the right to withhold final payment until all expenses and obligations are met upon termination of employment. I understand that misrepresentations or omissions on this application or in my interview may be cause for rejection or this application or may be cause for subsequent dismissal if I am hired.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**OFFICE USE ONLY**

Copy of Drivers License

I-9

Craft: \_\_\_\_\_

Copy of SSC or BS

Background Check

Rate: \_\_\_\_\_

W-4

Medical and Drug Screen

Department: \_\_\_\_\_

E-Verify

Direct Deposit / Voided Check

Hiring Officer: \_\_\_\_\_