JOB APPLICATION

THANK YOU FOR YOUR INTEREST IN EAST CAROLINA MECHANICAL, WHERE WE "BUILD GREAT!" ***Disclaimer:*** Though not everyone who applies can be hired, we strive to hire the most qualified candidates by giving each application consideration based on its competitiveness compared to other applicants. We hire only US citizens or foreign nationals who can provide proof of identity and work authorization within three (3) working days of employment. Equal access to employment is available to all persons, as we are an Equal Employment Opportunity Employer (EEOC) and recognize all categories protected by federal, state, and local law. By participating in this document or any other employment document, all candidates are required to understand that this is not a promise of employment with East Carolina Mechanical, LLC.

TO BE CONSIDERED FOR AN INTERVIEW AND POSSIBLE SUBSEQUENT EMPLOYMENT: all sections must be completed (unless optional), and all questions must be answered. Provide complete information, as "see resume" is not acceptable. If you do not have information for a section, please write N/A. (*In the "Allergies" section, this is optional and voluntary. You do not have to disclose, and it doesn't affect any hiring decision. ECM's first Core Principle is PEOPLE, and we like to know how to best take care of all the needs of our employees, so you return safely to your families.*) If your application is incomplete or does not clearly demonstrate the qualifications required for the job, it will not be accepted and will be returned to the applicant.

APPLICATION FOR EMPLOYMENT		**Please Print**	**Date of Application**
Last Name		First Name	Middle Name
Address (Street number and name)		City	County
State/Zip Code	Email	Phone (where you can be reached)	Emergency Contact *(optional)*
Driver's License/State/Date	Allergies: (optional)	Reliable Transportation? How?	US Citizen? Authorized to work?

Date Available to Start: Desired Pay: Have you worked for us before? When:
Any reason you cannot perform the essential duties the job requires? Please explain

Certain projects offer opportunities to travel, including overnight stays. Would you be interested in being considered for one of these projects? YES NO

Job Applied For
Enter below the specific title(s) for which you are applying.
1. _____ 2. _____

Referral Source
Please indicate your referral source:_____
Referred by the Employment Security Commission? Indicate local office:

Education
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad?		Type of Degree
High School			YES NO		
College(s) University(s)			YES NO		
Graduate or Professional			YES NO		
Other education: Vocational/ Trade school, Internship, etc.			YES NO		

Special skills or training programs, other experience, trade knowledge (i.e., blueprints CAD/digital drawings), tool/equipment operations, or professional skills (i.e., Technology/ Computer/Microsoft/Google certs) that you have which would be relevant to the job you are applying for:

_____

_____

_____

Licenses, certifications (i.e., OSHA, CPR/1st Aid, Welding), and/or professional memberships (type, license number, and issuing agency):

_____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (Convictions do not necessarily disqualify an applicant for employment. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet/on the back.)

What do you know about ECM, and how are you looking to contribute here?

_____

Trade Skills:

Circle the following skills, experience, and knowledge that apply to you:

Brazing Soldering Welding Copper/PVC Fixtures QC/Testing Safety/PPE Underground Mechanical Room Grinder

Beveling EM385 OSHA1910/1926 Tape Measure/Level Trade Math/Formulas SMACNA DALT Testing Specs/Submittals

DWV Plumbing Codes Hangers/Fasteners HVAC/Gas Pre-fabbing Aluminum/Steel Metals Chillers/Air Handler

Read Plumbing Drawings Read Mechanical Drawings Threading Machine Electrical or Architectural Drawings

Equal Opportunity Information

Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth ☐☐ ☐☐ ☐☐ (mo.) (day) (yr.)

SEX ☐ M (female) ☐ F (male) Check One

CODE ETHNIC GROUP

- **B** Black, not of Hispanic origin
- **R** Asian or Pacific Islander
- **S** Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin, regardless of race)
- **A** American Indian or Alaskan native
- **C** White, not of Hispanic
- ☐ Two or More Races

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A.

The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by Law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

- **A** None-Prefer not to report
- **B** Blind or severely visually impaired
- **C** Deaf or severely hearing impaired
- **D** Loss or limited use of arms and/or hands
- **E** Non-ambulatory (must use wheelchair)
- **F** Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
- **G** Respiratory impairment
- **H** Nervous system/ Neurological Disorder
- **I** Mentally restored
- **J** Mental retardation
- **K** Learning disability
- **L** Others (heart disease, diabetes, speech impairment)
- **M** Other (Please Specify)

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

Work History (Include volunteer experience): Use additional sheets if necessary.

Current or Last Employer:		Address:		
Job Title:	Supervisor's Name:	Telephone Number:		No. Supervised by you:
Date Employed (mo/yr):	Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving:	May we contact Employer? ☐ YES ☐ NO
Date Separated (mo/yr):	List major duties in order of their importance in the job:			

Employer:	Address:

Job Title:	Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving:	May we contact Employer? YES NO
Date Separated (mo/yr):	List major duties in order of their importance in the job:		

Employer:	Address:

Job Title:	Supervisor's Name:	Telephone Number:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary $ per	Ending or Current Salary $ per	Reason for Leaving:	May we contact Employer? YES NO
Date Separated (mo/yr):	List major duties in order of their importance in the job:		

U.S. MILITARY SERVICE

Branch of Service:	From:	To:	Military Occupational Specialty:
Branch of Service:	From:	To:	Military Occupational Specialty:

Can you perform the essential functions of the job with or without reasonable accommodations? Yes NO
Please explain: _____

REFERENCES: *must be of a professional nature other than your supervisor*. No friends or family accepted.

Name:	Address:	Phone Number:	Years Known:
Name:	Address:	Phone Number:	Years Known:
Name:	Address:	Phone Number:	Years Known:

***Please sign the Release and Consent Notice on the reverse side.**

RELEASE and CONSENT NOTICE

I understand that East Carolina Mechanical, LLC (hereinafter, the "Company" or "ECM") is an equal opportunity employer in all its practices, safeguarding all legally protected categories. In exchange for the consideration of this job application by ECM, I certify and agree that:

I have given true, accurate, and complete information on this form to the best of my knowledge. If any information on this application or during the interview process is found to be false or misleading (in the Company's judgment), I will be disqualified from consideration for an interview or employment.

In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, former and present employers, and personal references listed on the application, and all information concerning my previous employment, to release all pertinent information they have. I relinquish such parties from all liability for any damages that may result, such as non-employment, from furnishing information to ECM. Furthermore, I understand and consent to the required background checks, driving records checks, consumer report information, credit checks, pre-employment drug and alcohol screening, character references, general reputation, and other checks to furnish whatever details are available concerning my qualifications.

I understand that this employment application and any other Company-required documents are not a promise of an interview or employment.

If selected, continued employment is based on the successful passing of all drug and alcohol testing, records checks, consumer reporting, background checks, and general reputation inquiries. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information, will be grounds for rejection of my application, disciplinary action, dismissal if I am employed, and/or criminal action. If offered employment, I understand my continued satisfactory employment is dependent upon my following the Company's attendance requirements, conduct and performance standards, all safety expectations and mandates, and all other ECM policy requirements. Failure to do so will result in termination. I further understand that dismissal from employment is likely if fraudulent disclosures are made to meet position qualifications.

I understand that, if hired, my initial 90 days will be a probationary period, called an Introductory period, by ECM, from the date of hire. I will be an at-will employee who can terminate my employment with ECM at any time for any reason, with or without advance notice, and the Company has the same right.

This application will be considered "active" for up to thirty (30) days.
If you wish to be considered for employment after that time, you must reapply.
Do not sign until you have read and understood all the statements above.

CHECK FOR ACCURACY, SIGN, AND DATE YOUR APPLICATION.

Signature of Applicant (unsigned applications will not be recognized or processed) _____ Date _____

Received By: _____ Date: _____

Human Resources Rep. _____ Date: _____