K.R. ALLEN SERVICES

EMPLOYMENT APPLICATION

7605 FM 517 Rd E, Dickinson, TX 77539 | 281-339-3006 | krallenservices.com

Complete this form on your computer or phone, save it, and email it to hr@krallen.net, or click the green "Email Application" button on the last page. You may also print it and drop it off at our office. Positions include HVAC Technician, Plumber, Electrician, Estimator, Construction Supervisor, Equipment Operator, General Construction, Facility Maintenance and Office/Administrative.

APPLICANT INFORMATION

Last Name | First Name | Middle | Date of Application

Street Address | Apt / Unit | Years at Address

City | State | ZIP | Cell Phone

Email Address | Alternate Phone | Best Time to Reach You

Are you at least 18 years of age? ○ Yes ○ No

If hired, can you provide proof of eligibility to work in the United States? ○ Yes ○ No

Have you ever worked for or applied to K.R. Allen Services before? ○ Yes ○ No

If yes, when and what position?

POSITION INFORMATION

Position(s) Applied For | Desired Pay ($/hr or salary) | Date Available to Start

Employment Desired

☐ Full-Time ☐ Part-Time ☐ Seasonal ☐ Temporary ☐ Contract

Shifts / Schedule Available

☐ Weekdays ☐ Weekends ☐ Nights ☐ On-Call ☐ Overtime ☐ Travel

How did you hear about us? | Referred by (employee name)

EDUCATION

High School / GED (name, city, state) | Graduated / GED? | Year

College / Trade / Technical School | Program / Degree | Completed?

Apprenticeship Program (union or open shop) | Hours / Years Completed

K.R. Allen Services is an Equal Opportunity Employer. All qualified applicants receive consideration without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

LICENSES & CERTIFICATIONS

Texas HVAC / ACR License (type & number) | EPA 608 Certification (type) | Expiration

Texas Plumbing License (type & number) | Medical Gas / Backflow | Expiration

Texas Electrical License (type & number) | Other Trade Licenses | Expiration

Safety Training & Certifications (check all that apply)

- ☐ OSHA 10
- ☐ OSHA 30
- ☐ OSHA 40/HAZWOPE
- ☐ First Aid/CPR
- ☐ Confined Space
- ☐ Fall Protection
- ☐ Forklift
- ☐ Aerial Lift
- ☐ Rigging/Signal
- ☐ NFPA 70E
- ☐ TWIC Card
- ☐ Basic Plus/Plant

Other certifications (NATE, manufacturer, welding, etc.)

DRIVING

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

License State | Class | CDL Endorsements | Years Driving

Can you meet our auto insurance requirements to drive a company vehicle? ○ Yes ○ No

Your driver's license number will be requested later with your written authorization for a motor vehicle record check.

TRADE SKILLS & EXPERIENCE

Rate your experience: leave blank if none. 1 = Helper / Learning 2 = Can work with supervision 3 = Can work alone 4 = Can lead a crew

HVAC Service / Repair | HVAC Install / RTU / Ductwork | Commercial Refrigeration | Plumbing Service / Repair

Underground Plumbing / Utilities | Electrical | Carpentry / Framing | Concrete / Civil / Site Work

Structural Steel / Welding | Roofing | Heavy Equipment Operation | Estimating / Takeoffs

Blueprint Reading | Project Management / Supervision | Facility Maintenance | Office / QuickBooks / Admin

Equipment you can operate (excavator, skid steer, lift, crane, etc.)

Do you have your own hand tools for your trade? ○ Yes ○ No

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EMPLOYMENT HISTORY

List your most recent employers first, including military service. Account for any gaps in employment. A resume may be attached but does not replace this section.

Employer 1

Company Name | Phone | City, State

Job Title | Supervisor | From (mo/yr) | To (mo/yr)

Duties | Final Pay | Reason for Leaving

May we contact this employer? ○ Yes ○ No

Employer 2

Company Name | Phone | City, State

Job Title | Supervisor | From (mo/yr) | To (mo/yr)

Duties | Final Pay | Reason for Leaving

May we contact this employer? ○ Yes ○ No

Employer 3

Company Name | Phone | City, State

Job Title | Supervisor | From (mo/yr) | To (mo/yr)

Duties | Final Pay | Reason for Leaving

May we contact this employer? ○ Yes ○ No

REFERENCES (NOT RELATIVES)

Name | Relationship / Company | Phone | Years Known

Name | Relationship / Company | Phone | Years Known

Name | Relationship / Company | Phone | Years Known

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EMERGENCY CONTACT

Name

Relationship

Phone

ADDITIONAL INFORMATION

Is there anything else you would like us to know about your skills or experience?

APPLICANT ACKNOWLEDGMENTS

Drug-Free Workplace.
I understand K.R. Allen Services is a drug-free workplace and that I may be required to pass a pre-employment drug screen and random, post-accident or reasonable-suspicion testing as required by company policy and client sites.

Background and Driving Records.
I understand that a background check and/or motor vehicle record check may be required for some positions. If so, I will receive a separate disclosure and authorization form to sign before any check is run.

At-Will Employment.
I understand that if hired, my employment is at-will and may be ended by me or the company at any time, with or without cause or notice, and that this application is not a contract of employment.

Certification.
I certify that the information on this application is true and complete. I understand that false or missing information may disqualify me from employment or lead to dismissal if discovered later. I authorize K.R. Allen Services to verify the information provided and to contact my former employers and references unless noted above. I release K.R. Allen Services and my former employers and references from all liability for information provided in good faith.

Applicant Signature (type your full name to sign electronically)

Date

EMAIL APPLICATION

Click to email this application to hr@krallen.net,
or save it and attach it to an email to hr@krallen.net.

EEO VOLUNTARY SELF-IDENTIFICATION (OPTIONAL)

Completing this section is voluntary and will not affect your application. It is kept separate from your application and used only for equal employment opportunity reporting.

Gender (optional)

Race / Ethnicity (optional)

Veteran Status (optional)

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