

APPLICATION FOR EMPLOYMENT



Air Conditioning Services & Energy Solutions

An EMCOR Company

Equal Employment Opportunity Policy

EMCOR Group, Inc. is deeply committed to a policy of equal employment opportunity for all its job applicants and employees. We seek to employ qualified persons in all job classifications and to administer all personnel actions affecting our employees without discrimination on the basis of race, color, religion, sex, pregnancy, age, national origin, sexual orientation, gender identity, political ideology, ancestry, or genetic information. Individuals with a disability, disabled and other protected veterans and any other characteristic protected by applicable law will be given the fullest consideration for employment in positions for which they are qualified. We also are committed to making reasonable accommodations for qualified individuals with a disability as well as abiding by any and all state and local laws, which, in addition to the above, prohibit discrimination in any form.

Email complete applications to hr@hillyork.com

APPLICATION DIRECTIONS

Complete all sections of the application, **even if the entries duplicate information in your resume or other documentation.** Resumes and other documents **are NOT** accepted in place of the information requested on this application. In order to be considered valid, all sections must be completely filled out. **Be sure to sign and date the form.**

PERSONAL INFORMATION (please print)

Last Name	First Name, Middle Initial	Home Phone	Cell Phone
Present Address (Street, Apartment Number)		City, State, Zip	Personal Email
How long have you lived at this address?			
Previous Address (Street, Apartment Number) if at present address less than 3 years:		City, State, Zip	How long did you live at this address?

EMPLOYMENT DESIRED

Position for which you are applying: _____

Salary desired _____ Hourly Weekly or Annually

How did you learn of this opening?

Advertisement _____

Referred by _____

Other _____

If hired, date you can start _____

What type of work are you seeking?

Full-time Part-time

Regular Temporary

If part-time:

Days _____

Hours _____

If temporary:

Weeks _____

Months _____

WORK HISTORY

(List most recent job first) Be sure to account for all information requested in the Work History section of this application (be sure to include the last seven years of employment history). May we contact your current employer? Yes No

Name and address of Employer _____ _____
From _____ To _____ Telephone No. () _____
Position _____ Job Responsibilities _____ _____ _____
Reason for Leaving _____
Name and address of Employer _____ _____

From _____ To _____ Telephone No. () _____
Position _____ Job Responsibilities _____

Reason for Leaving _____

Name and address of Employer _____

From _____ To _____ Telephone No. () _____
Position _____ Job Responsibilities _____

Reason for Leaving _____

Name and address of Employer _____

From _____ To _____ Telephone No. () _____
Position _____ Job Responsibilities _____

Reason for Leaving _____

Name and address of Employer _____

From _____ To _____ Telephone No. () _____
Position _____ Job Responsibilities _____

Reason for Leaving _____

EDUCATIONAL INFORMATION

School	Name & Address of School	Did you Graduate?	List Diploma, Degrees, Professional Licenses, Certifications
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College (Undergraduate)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
College (Graduate School)		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (i.e. vocational or trade schools, apprenticeship, etc.)		Yes <input type="checkbox"/> No <input type="checkbox"/>	

GENERAL BACKGROUND

Describe any special skills, experience, military service, education, or training you consider especially applicable to the position for which you are applying.

OTHER INFORMATION

Were you previously employed by EMCOR or any of its subsidiaries? Yes No

If yes, where and when?

Are you subject to a non-competition agreement or other agreement that would preclude or restrict your employment with Hill York? Yes No If yes, please describe below:

If offered employment by Hill York, would you be legally eligible to begin employment immediately?

Yes No

Will you need any immigration-related support or sponsorship from Hill York in order to begin or continue employment with Hill York? If you are currently on an F-1, H-1 or any other temporary work visa and have no alternate form of work authorization you should mark "Yes" to this question and complete the section below:

Yes No

If "Yes" please the type of sponsorship required (if known)

Type of Sponsorship Required

DRIVING INFORMATION

(If applying for a job that requires driving) Do you have a current and valid state drivers' license? Yes No

PRE-EMPLOYMENT STATEMENT

I hereby certify that the information provided on this application (and accompanying resume or other documentation, as applicable) is true and complete to the best of my knowledge. I understand that any falsified information or significant omissions in the hiring process may disqualify me from further consideration for employment and may be considered justification for termination if discovered at a later date.

I understand that my employment is at will, and that I have no express or implied contract with the Company concerning the terms and conditions of my employment. Both the Company and I have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I further acknowledge that I have not relied, or will not rely, upon any representations to the contrary, either in accepting employment with the Company or in continuing my employment with the Company. Also, the Company has the right to modify any policies adopted by the Company, and such policies do not create any contractual commitments by the Company.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U.S. citizen status or, if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

I understand that the Company may not ask me or require me to disclose my current or past salary, wages, benefits or other compensation if I am applying for a job working in the following jurisdictions as of the dates indicated: Alabama (9/1/2019), California (1/1/2018), Colorado (1/1/2021), Connecticut (1/1/2019), Delaware (12/14/2017), Hawaii (1/1/2019), Illinois (9/29/2019), Maine (9/17/2019), Maryland (10/1/2020), Massachusetts (7/1/2018), Missouri – Kansas City (10/31/2019), New Jersey (1/1/2020), New York State (1/6/2020), Ohio-Cincinnati (3/12/2020), Ohio-Toledo (7/4/2020), Oregon (10/6/2017), Pennsylvania-Philadelphia (9/1/2020), Puerto Rico (3/8/2017), Vermont (7/1/2018), Washington (7/28/2019). However, in the following jurisdictions, the Company may verify my past compensation as follows: (1) if I voluntarily disclose it (New York City, Massachusetts); (2) after an offer with compensation is made (Oregon, Albany); (3) after a salary is negotiated and an offer made (Puerto Rico, Massachusetts); or (4) after an offer is made and accepted (Delaware).

Signature

Date of Application

ALTERNATIVE DISPUTE RESOLUTION AGREEMENT

HILL YORK SERVICE COMPANY AND ITS SUBSIDIARIES AND AFFILIATES (HEREAFTER THE “COMPANY”) AND EMPLOYEE MUTUALLY AGREE THAT, EXCEPT AS OTHERWISE PROVIDED IN THIS AGREEMENT, ALL CLAIMS ARISING OUT OF OR RELATED TO EMPLOYEE’S APPLICATION FOR EMPLOYMENT, EMPLOYMENT, AND SEPARATION OF EMPLOYMENT WITH THE COMPANY, WILL BE DECIDED BY A SINGLE ARBITRATOR THROUGH ARBITRATION AND NOT BY A JUDGE OR JURY (“ADR Agreement” or “Agreement”), under the Employment Arbitration Rules of the American Arbitration Association (“AAA Rules”), available upon request or on the internet at www.adr.org/employment. Disputes will be decided by mutual, binding and individual arbitration governed by the Federal Arbitration Act (9 U.S.C. § 1 *et seq.*). The Company and Employee waive any right for any dispute to be brought, heard, decided, or arbitrated as a class action or collective action and the arbitrator will have no authority to preside over any class and/or collective action (“Class Action Waiver”).

By way of example and without limitation, except as otherwise provided below, this Agreement covers claims under Title VII of the Civil Rights Act of 1964, the Civil Rights Acts of 1866 and 1871, the Civil Rights Act of 1991, 42 U.S.C. § 1981, the Pregnancy Discrimination Act, the Americans With Disabilities Act, the Age Discrimination in Employment Act, Older Workers Benefits Protection Act of 1990, the Fair Credit Reporting Act, the Fair Labor Standards Act, the California Labor Code, the Worker Adjustment and Retraining Notification Act, the Genetic Information Non-Discrimination Act, the Uniformed Services Employment and Reemployment Rights Act, and any other federal, state or local statutes addressing the same or similar subjects.

Any dispute regarding the interpretation, applicability, or enforceability of this ADR Agreement, including, but not limited to, any claim that all or any part of this Agreement is void or voidable will also be resolved by an arbitrator—and not a court. The preceding sentence does not apply to the Class Action Waiver, and regardless of anything else in this Agreement and/or the AAA Rules that now apply or any modifications to those rules, any claim that all or part of the Class Action Waiver is invalid, unenforceable, unconscionable, void or voidable, may be determined only by a court of competent jurisdiction and not by an arbitrator. The Company agrees to pay the fees and costs of arbitration pursuant to the AAA Rules.

This ADR Agreement does not cover any claims for workers’ compensation benefits, state disability insurance, or unemployment insurance benefits. **Nothing in this Agreement affects the rights or obligations of any employee, employer, or union under a collective bargaining agreement; in the event of a conflict between this Agreement and a valid collective bargaining agreement, the collective bargaining agreement will control. Further, nothing in this Agreement prevents an individual from filing a claim or complaint with governmental administrative agencies, including without limitation, the Equal Employment Opportunity Commission and National Labor Relations Board, and the Company will not retaliate against anyone for filing any such claim or complaint.** This Agreement shall survive the termination of Employee’s employment and applies to covered claims regardless of their date of accrual.

This ADR Agreement is not a mandatory condition of your employment, nor is it an offer of employment. You may submit a statement notifying the Company that you wish to opt out and not be subject to this Agreement. Your decision to be bound or not bound is entirely voluntary. In order to opt out, you must send an email to employee_opt_out@emcor.net stating (i) your first and last name, (ii) your employee ID number *or* the last 4 digits of your SSN (at your option), and (iii) your intention to opt out of this Agreement. In order to be effective, your opt-out notice must be provided within 30 days of the first day of your employment, if you are offered and accept employment. If you opt out as provided in this paragraph, you will not be subject to any adverse employment action as a consequence of that decision and may pursue available legal remedies without regard to this Agreement. **If you do not opt out within 30 days of your first date of employment, continuing your employment constitutes mutual acceptance of the terms of this Agreement by you and the Company.** You have the right to consult with counsel of your choice concerning this Agreement.



EQUAL OPPORTUNITY INFORMATION FORM

As an equal opportunity employer with an affirmative action policy, and as a government contractor, EMCOR is required to report statistical information to the government about applicants for employment. This information is used to measure the effectiveness of EMCOR's recruitment efforts.

The information requested below is in conformity with federal government guidelines. While we encourage you to furnish it, it is not required that you do so. The law provides that an employer may not discriminate on the basis of this information, or if you choose not to furnish it. However, if you choose not to furnish this information, under federal regulations, we are required to note race and sex on the basis of visual observations or employment records.

Please be assured that this Voluntary Report of Ethnic Background will be kept in a confidential file separate from your application for employment.

Name (please print) _____

GENDER CATEGORY

Gender: Male Female

I Choose Not to Self Identify Gender

ETHNIC CATEGORY (check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

I Choose Not to Self Identify Race/Ethnicity

Signature

Date

Voluntary Self-Identification of Protected Veteran Status – Pre- Offer

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "*disabled veteran*" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

A "*recently separated veteran*" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "*active duty wartime or campaign badge veteran*" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "*Armed forces service medal veteran*" means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government Contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Signature

Date

Print Name

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____