



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Application will remain active for 30 days)

HEATING & AIR CONDITIONING

Position Applied For: _____ Referral Source _____

NAME: _____ EMAIL: _____
Last First M.I.

ADDRESS: _____ PHONE: (____) _____
Street City State Zip Cell Home

Are you at least 18 years of age? Yes No

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No

Date you are able to start work: _____

May we contact your current employer? Yes No

Are you on layoff status or subject to recall elsewhere? Yes No

Pay Expected: \$ _____ per _____

If hired, how long do you plan to continue working for the company? _____

Do you wish to work: Full-time Part-time Temporary

Are you willing and available to work? On call

Days Evenings Nights

Overtime Weekends Holidays

Have you previously applied with us? Yes No
 When _____

Have you previously worked with us? Yes No
 When _____

Are any of your records under a different name? Yes No
 If so, what name _____

Do you have any relatives working for us? Yes No
 If so, who? _____

Is there any reason you might be unable to meet our attendance requirements? Yes No
 If yes, please explain _____

If applying for a job which requires one, do you have a valid driver's license? Yes No

Do you smoke? Yes No

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? _____

SKILLS / ABILITIES:

List any machines you are skilled in using: _____

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: _____

JOB REQUIREMENTS:

Do you believe you are capable of performing, with or without accommodation, "the essential functions of the job" for which you are applying? Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address and Phone:

Start Date:

Leaving Date:

Supervisor:

Job Duties:

Why Did You Leave?

Previous Employer:

Address and Phone:

Start Date:

Leaving Date:

Supervisor:

Job Duties:

Why Did You Leave?

Previous Employer:

Address and Phone:

Start Date:

Leaving Date:

Supervisor:

Job Duties:

Why Did You Leave?

PERSONAL REFERENCES

Name:

Phone ()

Address:

Occupation:

How Long Known:

Name:

Phone ()

Address:

Occupation:

How Long Known:

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include a criminal, driving and/or credit background check. Applicants who do not meet the company's criteria will not be considered for employment. If a job offer is made, it may be made contingent upon the meeting this criteria.
2. **I CERTIFY** that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, false, misleading or incomplete statements on this application shall be grounds for dismissal.
3. **I AUTHORIZE** the company to investigate information concerning my previous employment and education. I further authorize the release of this information to you, and I hereby release such parties from all liability for any damage that may result from furnishing such information. I authorize this company to request a copy of my credit report from the credit bureau.
4. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without cause, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.
5. **I UNDERSTAND** that all company property must be returned and any indebtedness to the company must be paid on or before my last day of work. I authorize the company to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

Date _____ Signature of Applicant _____