



HEATING • AIR CONDITIONING • ELECTRICAL • GENERATORS

# EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

## PERSONAL INFORMATION

DATE OF APPLICATION \_\_\_\_\_

<b>NAME</b>			
<b>HAVE YOU EVER USED ANOTHER NAME?</b> Is any additional information relative to name changes, use of an assumed name or nickname necessary to enable a check on your work or education record?			
<b>PRESENT ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>MAIN PHONE NUMBER</b>	<b>ALTERNATE PHONE NUMBER</b>		
<b>EMAIL</b>	<b>REFERRED BY</b>		

## EMPLOYMENT DESIRED

<b>POSITION APPLIED FOR</b>	<b>DATE YOU CAN START</b>	<b>SALARY DESIRED</b>
<b>WHAT DAYS/HOURS ARE YOU AVAILABLE TO WORK?</b>	<b>ARE YOU AVAILABLE TO WORK FULL TIME OR PART TIME?</b>	
	<input type="checkbox"/>	<input type="checkbox"/>
	FULL TIME	PART TIME
<b>HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?</b>	<b>IF YES, PLEASE GIVE DATES AND POSITION</b>	
<b>DO YOU HAVE FRIENDS AND/OR RELATIVES WORKING FOR THIS COMPANY?</b>	<b>IF YES, PLEASE GIVE NAMES AND RELATIONSHIPS</b>	
<b>IF HIRED WOULD YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK?</b>	<b>CAN YOU TRAVEL IF THE POSITION REQUIRES IT?</b>	
<b>ARE YOU AT LEAST 18 YEARS OLD?</b> (If under 18, hire is subject to verification that you are of minimum legal age.)	<b>IF HIRED, CAN YOU PRESENT EVIDENCE OF YOUR IDENTITY AND LEGAL RIGHT TO WORK IN THIS COUNTRY?</b>	
Are you able to perform the essential job functions of the job for which you are applying with or without reasonable accommodations? (We comply with the ADA and consider reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions.)		

**EDUCATION**

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
SPECIALIZED TRAINING, SKILLS OR EXTRA-CURRICULAR ACTIVITIES				

**EMPLOYMENT HISTORY**

DATE MM/YYYY	NAME OF EMPLOYER	SALARY	POSITION	SUPERVISOR
FROM	ADDRESS	PHONE NUMBER		MAY WE CONTACT
TO	JOB TITLE / DUTIES	REASON FOR LEAVING		
DATE MM/YYYY	NAME OF EMPLOYER	SALARY	POSITION	SUPERVISOR
FROM	ADDRESS	PHONE NUMBER		MAY WE CONTACT
TO	JOB TITLE / DUTIES	REASON FOR LEAVING		
DATE MM/YYYY	NAME OF EMPLOYER	SALARY	POSITION	SUPERVISOR
FROM	ADDRESS	PHONE NUMBER		MAY WE CONTACT
TO	JOB TITLE / DUTIES	REASON FOR LEAVING		
HAVE YOU EVER BEEN INVOLUNTARILY TERMINATED OR ASKED TO RESIGN FROM ANY JOB?		IF YES, PLEASE EXPLAIN		
PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY				
PLEASE LIST ANY OTHER EXPERIENCES, JOB RELATED SKILLS, ADDITIONAL LANGUAGES, OR OTHER QUALIFICATIONS THAT YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT				

**REFERENCES**

RELATIONSHIP	NAME/TITLE	YEARS ACQUAINTED	PHONE NUMBER OR EMAIL

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.  
I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.  
I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.  
This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

**SIGNATURE****DATE**