## **EMPLOYMENT APPLICATION**

Please complete the entire application.

## 1. Employer Information

Employer: Gulf Coast Air Conditioning & Refrigeration, Inc.

Address: 8273 E Jane Lane

City/State/ZIP: Floral City, Florida 34436

Telephone: 352-860-1535

It is the policy of Gulf Coast Air Conditioning & Refrigeration, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

## Applicant Full Name: \_\_\_\_\_\_\_ Home Address: \_\_\_\_\_\_\_ City/State/ZIP: \_\_\_\_\_\_ Number of years at this address: \_\_\_\_\_\_ Daytime phone: \_\_\_\_\_\_\_ Evening phone: \_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_

Driver's License (State/Number):

3. Emergency Contact

**Applicant Information** 

2.

Conta	ct Name:					
Relation	onship to you:					
Addre	ess:					
City/S	tate/ZIP:					
Daytin	me phone:		_ Evening ph	one:		
4.	Job Position	Applied For:				
	Full or Part T	ime?				
5.	Who referred	l you to our company	7?			
	Do you have	any friends or relative	s who work here?	If yes, please	list here:	
6.	Are you at lea	ast 18 years old?		Yes	No	
7.	If applicable,	are you available to	work overtime?	Yes	No	

Who should be contacted if you are involved in an emergency?

8.	If you are offered employment, when would you be available to	begin work?				
9.	If hired, are you able to submit proof that you are legally eligible for					
emplo	oyment in the United States? Yes	No				
10.	Are you able to perform the essential functions of the job positi	on you seek with				
or wi	thout reasonable accommodation?Yes	_ No				
	What reasonable accommodation, if any, would you request?	_				
11.	Applicant Employment History					
List y	your current or most recent employment.					
Empl	oyer Name:					
Super	visor Name:					

Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
12. Applicant's Education and Training  College/University Name and Address
Did you receive a degree? Yes No If yes, degree(s) received.  High School/GED Name and Address
Did you receive a degree? Yes No Other Training (graduate, technical, vocational):
Please indicate any current professional licenses or certifications that you hold:
Awards, Honors, Special Achievements:
Military Service: Yes No

Branch:		
Specialized Training	ng:	
13. Reference	es	
List any two non-	relatives who would be willing to provide a refe	erence for you.
Name:		
Address:		
City/State/ZIP:		
Telephone:		
Relationship:		
Name:		
Address:		
City/State/ZIP:		
Telephone:		
Relationship:		

14.	Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Gulf Coast Air Conditioning & Refrigeration, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Gulf Coast Air Conditioning & Refrigeration, Inc., except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.				
APPLICANT SIGNATURE	DATE			