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This application form is intended for use in evaluating your qualification for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview process or on this form are grounds for terminating the application process or, if discovered after employment, terminating employment.

Absolute Air Solutions, LLC is an equal opportunity employer. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. Testing of job-related skill may be required prior to employment.

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete **all** questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position. If a question does not apply, please write N/A.

Position Applying For: <input type="checkbox"/> HVAC Helper <input type="checkbox"/> HVAC – R Tech	Name (Last, First, Middle):		Other names under which you have attended school or been employed:
Street Address:	City, State & Zip:		
Home Phone:	Cell Phone:		
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older? (Must be 18 years or older to be able to drive a company vehicle)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DL# Info: State Issued _____ Exp. Date: _____ License No.# _____	
Are you capable of climbing ladders or lifting heavy equipment and/or working from high building/ constricting areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please explain:	
Have you ever filed a false workers comp claim or accident claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:	
Have you ever been convicted of a felony, including DUI, DUID, etc. or a misdemeanor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:	
Can you pass a background check?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, please explain:	
How did you learn about this employment opportunity at Absolute Air Solutions? Check all that apply:			
<input type="checkbox"/> Ad in <i>newspaper</i>	<input type="checkbox"/> Job Bulletin (Posting) /Walk-in	<input type="checkbox"/> Website	<input type="checkbox"/> Dept. of Labor
<input type="checkbox"/> Ad in <i>magazine</i>	<input type="checkbox"/> Referral by _____	<input type="checkbox"/> Other: _____	

INITIAL _____ Date _____

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
EPA Certified (all tech's are required to have one):		<input type="checkbox"/> Yes <input type="checkbox"/> No	EPA Card Number:			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume." **PLEASE NOTE:** Absolute Air Solutions reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	
Dates Employed (most recent position) From: To:		<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Organization Name and Address:			
Supervisor's Name, Title and Phone #:		Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:	

AVAILABILITY AND WAGES

INITIAL _____ Date _____

What date can you start? ____/____/____.	What category would you prefer? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Would you work overtime and weekends if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Some projects may require overnight stay and travel, would you be willing: <input type="checkbox"/> Yes <input type="checkbox"/> No		

REFERENCES - Including only individuals familiar with your work abilities. Do not include relatives or names of supervisors listed above.

Name	City, State and Phone	Years Known/Relationship
Name	City, State and Phone	Years Known/Relationship
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PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Absolute Air Solutions, LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Absolute Air Solutions, LLC serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first **SIX MONTHS** of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____

INITIAL _____ Date _____