



Sales \* Service \* Installation  
Residential \* Commercial  
Since 1990

# EMPLOYMENT APPLICATION

## Personal information:

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street City State Zip

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

Drivers License # \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_  
NAME RELATIONSHIP PHONE NUMBER

If necessary, the best time to call you is \_\_\_\_\_:\_\_\_\_ am/pm  
Home/Cell/Work

May we contact you at work? Yes No

If yes, the number and best time to call.  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_:\_\_\_\_ am/pm

Have you submitted an application before? Yes No

If yes, give date and position(s): \_\_\_\_\_

Are you legally eligible for employment in this Country? Yes No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or rate of hourly pay? \$\_\_\_\_\_ per \_\_\_\_\_

Type of employment desired Full Time Part time Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No





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**Education:**

High School: \_\_\_\_\_ Graduate? Yes No

College: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Graduate? Yes No

Graduate School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Graduate? Yes No

Other: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Graduate? Yes No

Subjects of special study or research: \_\_\_\_\_  
 \_\_\_\_\_

Special training: \_\_\_\_\_  
 \_\_\_\_\_

Activities: \_\_\_\_\_  
 \_\_\_\_\_

**Former Employers:** *List your last 3 employers, starting with present or most recent.*

Date	Name/Address/Phone #	Position	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**References:** *Give the names of 3 persons (not related to you) whom you have known at least one year*

Name	Phone number/Address	Business	Years Acq.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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**Educational Information:**

Have you completed any classes or programs that will increase your ability to do your job? Yes No  
If yes, please specify: \_\_\_\_\_

Are you currently enrolled or schedules to enroll for any classes or programs? Yes No  
If yes, please specify: \_\_\_\_\_

Would you be interested in attending classes or programs in the future related to the heating and air conditioning filed? Yes No  
If yes, please specify: \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

HIRED: \_\_\_\_\_ POSITION: \_\_\_\_\_ START DATE: \_\_\_\_\_ SALARY: \_\_\_\_\_