

Aldons Heating & Air Conditioning

1885 S. Volusia Avenue, Orange City, Fl 32763 email to: info@aldonshvac.com

APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

GENERAL

NAME _____ Email: _____

ADDRESS _____

TELEPHONE (____) _____ SOCIAL SECURITY # _____

DATE AVAILABLE FOR EMPLOYMENT _____

E.P.A. 608 License certification ☐ Yes ☐ No

Have you ever been employed by this company? ☐ Yes ☐ No

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

If yes, give name: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ☐ Yes ☐ No

Type of work desired: _____

If applying for a position where driving is required – ☐ Yes ☐ No

Do you have a valid driver's license in this state?

License # _____

Can you perform the essential functions of the job(s) for which you are applying? ☐ Yes ☐ No

Are you available to work ☐ FULL-TIME ☐ PART-TIME ☐ OVER-TIME

Have you been convicted of a felony? ☐ Yes ☐ No

(Please note that a "Yes" answer will not bar you from consideration for employment.)

If yes, please explain: _____

This company is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, gender, physical or mental disability, or other protected classifications in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

EDUCATION

	<u>High School</u>	<u>Trade School</u>	<u>College</u>
School Name & location	_____	_____	_____
Years Completed	1 2 3 4	1 2	1 2 3 4
Course of Study	— _____	_____	_____

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

EMPLOYMENT EXPERIENCE

Employer _____	Supervisor's Name _____
Address _____	Your Job Position _____
Telephone Number _____	Employed from _____(mo/yr) to _____(mo/yr)
Your Salary: Starting / Ending _____	Duties _____
What did you like most about your job? _____	

Reason for Leaving: _____

Employer _____	Supervisor's Name _____
Address _____	Your Job Position _____
Telephone Number _____	Employed from _____(mo/yr) to _____(mo/yr)
Your Salary: Starting / Ending _____	Duties _____
What did you like most about your job? _____	

Reason for Leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____(mo/yr) to _____(mo/yr)
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____

Reason for Leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____(mo/yr) to _____(mo/yr)
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____

Reason for Leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____(mo/yr) to _____(mo/yr)
Your Salary: Starting / Ending _____ Duties _____
What did you like most about your job? _____

Reason for Leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize **The Company** to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **THE COMPANY** as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of **THE COMPANY** or at my option, without notice, at any time and for any reason.*

I also understand that no representative of **THE COMPANY** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

I have read, understand, and agree with the above.

Signature of Applicant

Date

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.