



**APPLICANT INFORMATION**

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date of Birth		Social Security No.	Date Available	
How did you hear about us?				
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?
				YES <input type="checkbox"/>
				NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

**EDUCATION**

High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Degree

**REFERENCES**

*Please list three professional references.*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES  NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES  NO

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	

May we contact your previous supervisor for a reference? YES  NO

**MILITARY SERVICE**

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	

If other than honorable, explain:

**JOB DETAILS & ADDITIONAL INFORMATION**

Position applied for: \_\_\_\_\_ Desired salary: \_\_\_\_\_

Do you prefer: (Check one) \_\_\_ Full-time \_\_\_ Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of the week you are available to work: (Check each that applies) \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

Are you able to work: (Check each that applies) \_\_\_ Weekends \_\_\_ Holidays \_\_\_ Evenings \_\_\_ Nights

Are you available to work overtime? (Check one) \_\_\_ Yes \_\_\_ No

Do you have your own tools? (Check one) \_\_\_ Yes \_\_\_ No

This job may require you to learn new technology involving computers, laptops, or Tablets/iPads. This job may also require you to type and email invoices to customers. If training is provided, do you feel you can become capable of performing these tasks? \_\_\_ Yes \_\_\_ No

Occasionally, classes come available for our technicians which teach updated information on servicing/installing hvac equipment (continuing education). Would you be willing to take these classes? \_\_\_ Yes \_\_\_ No

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## Authorization and Acknowledgements

I certify that I have not knowingly withheld any information that might affect my chances for hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure this employment can be grounds for rejection of my application or, if I am employed by this company, can be grounds for my immediate termination from the company. \_\_\_\_\_ (Initial)

I permit the company to check and verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such examination or revelation. \_\_\_\_\_ (Initial)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any and all information listed above.

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Candidate's Signature

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Date