

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Position(s) Applied For:	Date of Application: / /
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How Did You Learn About Us? Advertisement Friend Walk-In Employment Agency Relative Other

Last Name	First Name	Middle Name
Street Address	City	State Zip
Home Telephone Number () -	Cell Telephone Number () -	Social Security Number - -

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? If Yes, give date _____ / _____ / _____ Yes No

Have you ever been employed with us before? If Yes, give date _____ / _____ / _____ Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you E.P.A. Certified for heating and air-conditioning? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____ / _____ / _____

Are you available to work: Full-time Part-time Temporary

Are you currently on "lay-off" status and are you subject to be recalled? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
High School				
College/Graduate School				
Other (Specify)				

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name & Address	Dates Employed From: / To: /	Position
Phone # () -	Hourly Rate/Salary \$	Work Performed
Supervisor	Reason for Leaving	
Employer Name & Address	Dates Employed From: / To: /	Position
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Phone # () -	Hourly Rate/Salary \$	Work Performed
Supervisor	Reason for Leaving	

References – list three, not related to you, that you have known for at least one year

1. _____ Name	() - Daytime Phone #	_____ Relationship
2. _____ Name	() - Daytime Phone #	_____ Relationship
3. _____ Name	() - Daytime Phone #	_____ Relationship

Physical Record

Do you have any physical condition which may inhibit your ability to perform this job? Yes No

If yes, please explain:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

_____/_____/_____
Date