

Employment Application

Please print clearly and fill in each blank. Applications cannot leave the office.

Date: _____

Position applied for: _____ Salary desired _____

How did you hear about us? (circle one) Newspaper On line Other _____

Referred By: _____

Name: _____

Address: _____
Street City State Zip How long there

Last Previous Address: _____
Street City State Zip How long

Telephone: _____

Alternate Telephone: _____ Contact person: _____

Social Security Number (Last Four Digits Only): _____

Are you over 18 years of age? _____ Yes _____ No

Are you legally eligible for employment in the US? _____ Yes _____ No

Do you have relatives employed by us? _____ Yes _____ No

Were you ever discharged from employment? ____ Yes ____ No

Reason for discharge _____

Do you have a valid New Jersey driver license? ____ Yes ____ No

Type/Class _____ License # _____

Have you ever had a motor vehicle accident? ____ Yes ____ No

If yes, give Details _____

Are you available to work all shifts and schedules including weekends? ____ Yes ____ No

Are you a veteran of the US military service? ____ Yes ____ No

Branch _____ from _____ to _____

Do you have an EPA License? ____ Yes ____ No What type? _____

Education

High School: _____

College: _____

Training or Tech school: _____

Describe special training relevant to the position applied for: _____

Personal hobbies, interests: _____

Are you employed now? ____ Yes ____ No

Can we contact your current employer? ____ Yes ____ No

Employment history starting from present to past:

(If you are providing a Resume, write "SEE RESUME" for employment history)

	From	To	
Employer	Dates Employed		Work performed
Address			
Job Title	Hourly Rate / Salary		Supervisor
Reason for leaving			

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Employer	Dates Employed		Work performed
Address			
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Special Employment notice to Disabled Veterans, Vietnam Era Veterans, and individuals with physical or mental handicaps

Government contractors are subject to section 402 of the Vietnam era Veterans Readjustment Act of 1974 which required that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam era and Section 503 of the Rehabilitation Act of 1973, as amended which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals. If you are a disabled veteran or have a physical mental handicap you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize adversely affect any consideration you may receive for employment.

_____ Handicapped Individual _____ Disabled Veteran _____ Vietnam Veteran

Applicant's signature _____

You are requested to read the following conditions of employment carefully.

I authorize the company to investigate all statements in this application and to contact all employers whom I will not hold liable in the event that their reply is in anyway to my discredit. I understand that the false or misleading statements in this application or interview will be sufficient cause for discharge or termination if already employed. In processing this employment application the company may request that an investigative report be prepared as may be necessary in arriving at an employment decision. I understand that my right to make a written request within a reasonable period of time for a complete and accurate disclosure of the natural scope of the investigation requested.

I understand that any job offer may be conditioned on the result of a post offer medical examination or drug and alcohol test. I further understand in the event that I am employed I may be required from time to time to submit to a physical examination and or drug and alcohol test as may be permitted by law.

If employed, I will abide by all company rules and regulations. I also agree to work when and where (if technician) assigned for the duration of any emergency affecting service to public, as determined by the company, subject to such conditions of employment and rates of pay as may, from time to time be lawfully established. If employed I agree not to engage in outside activities for private gain specifically but not limited to repairing and or installing HVAC equipment.

I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment and may be terminated or discharged from employment at any time and for any reason, unless in violation of a written private employment contract. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any person or existing employee.

Date _____ Applicant's signature _____