

Application for Employment

Date: _____

Please print.

Applicant Name: First: _____ Middle: _____ Last: _____

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Address: _____ City: _____ State: _____ Zip: _____

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Telephone Number: _____ Social Security Number: _____

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Position(s) Applied For and Location: _____ Salary Expected: _____

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How did you learn about this employment opportunity? E-mail: _____

<input type="checkbox"/> Advertisement—Specify: _____	<input type="checkbox"/> Employee Referral—Name: _____
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1. Have you ever been employed with us before? No Yes—Date/Position: _____
2. Are you currently employed? Yes No
3. On what date would you be available for work? _____
4. Are you available to work: Full-time Part-time Temporary
5. Can you travel for work if necessary? Yes No
6. Do you currently hold a valid driver's license? Yes No
7. Are you legally eligible to work in the United States? Yes No
8. Are you 18 years of age or older? Yes No
9. Are you willing to take drug tests at the Company's request? Yes No
10. Other names known as (i.e. maiden name, etc.): _____

EDUCATION

High School: _____ **Location:** _____

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Years Completed: _____ Degree/Major: _____ Diploma Obtained?

		<input type="checkbox"/> Yes <input type="checkbox"/> No
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Technical/Trade School: _____ **Location:** _____

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Years Completed: _____ Degree/Major: _____ Diploma Obtained?

		<input type="checkbox"/> Yes <input type="checkbox"/> No
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University/College: _____ **Location:** _____

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Years Completed: _____ Degree/Major: _____ Diploma Obtained?

		<input type="checkbox"/> Yes <input type="checkbox"/> No
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MILITARY SERVICE

1. Have you ever served in the U.S. military? Yes No - skip questions 2-3
2. What was the length of your military service, if applicable? years months
3. What type of training and work experience did you receive while in the military, if applicable?

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EMPLOYMENT HISTORY

Employer:

Supervisor:

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Address:

Phone:

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Position Title and Duties:

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Starting Date:

Ending Date:

Starting Pay:

Ending Pay:

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Why did you leave this job?

May we contact this employer?

Yes

No

Employer:

Supervisor:

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Address:

Phone:

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Position Title and Duties:

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Starting Date:

Ending Date:

Starting Pay:

Ending Pay:

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Why did you leave this job?

May we contact this employer?

Yes

No

Employer:

Supervisor:

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Address:

Phone:

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Position Title and Duties:

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Starting Date:

Ending Date:

Starting Pay:

Ending Pay:

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Why did you leave this job?

May we contact this employer?

Yes

No

REFERENCES

Name:

Phone Number:

Relationship:

Name:	Phone Number:	Relationship:

Equal Employment Opportunity Statement:

Schneider Heating and Air Conditioning is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or veteran status. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company (Schneider Heating and Air Conditioning). If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I authorize the Company to conduct employment, driving record and criminal background checks about me and am aware that information resulting from these checks will become part of my employment record. I authorize the Company to speak with my personal and professional acquaintances to gather information about me and my performance.

I authorize all former employers and references to provide any information about me to the Company, and release them of all liabilities and damages for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the Company owners.

Signature of Applicant:

Date:

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