



EMPLOYMENT APPLICATION

Equal Employment Opportunity Employer: We are an EEO employer as defined by the EEOC.

Pre-Employment Drug Testing Policy: Our Company prohibits the use, sale or possession of illegal drugs. We see the use of drugs as a serious threat to our employees, their families, and our customers. In order to ensure a drug-free work place, applicants receiving an offer for employment will undergo screening for the presence of illegal drugs as a condition for employment. Any applicant with positive test results will be denied employment.

Criminal Background Check Policy: Post-offer criminal background checks will be conducted as part of the hire process, which may include a driving record report for positions that require driving of company vehicles or use of personal vehicles for business purposes. A criminal conviction is not a bar to employment. The company will conduct an individualized assessment of the relevance of any criminal history to the duties of the position.

APPLICANT INFORMATION

Position Applied For: _____ Desired Salary: _____ Date: _____

Name: _____ Social Security #: _____
First MI Last Last Four Digits Only

Address: _____
Street Name Apt/Bldg #
City State ZIP Code

Cell Phone: _____ Email: _____

Date Available to Start: _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? Yes No

Have you worked for this company before? Yes No If so, when?

Are you at least 18 years of age? Yes No

Are you able to perform the essential functions of the job with or without reasonable accommodation? Yes No

What reasonable accommodation, if any, would you require?

Are you willing to work any shift, including nights and weekends? Yes No

If no, please state any limitations:

Have you ever been convicted of or pleaded nolo contendere (no contest) to any violation of the law other than minor traffic tickets? Yes No

If yes, please explain:



How did you hear about this position?

- Advertisement Unemployment Office Other
 Job Fair Web Site Referring Employee Name:

EDUCATION AND TRAINING

	NAME OF SCHOOL	LOCATION/ ADDRESS	NUMBER OF YEARS	DEGREE/ CERTIFICATION
HIGH SCHOOL				
COLLEGE				
OTHER TRAINING (graduate, technical, vocational)				

SKILLS: Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each skill. (One represents poor ability, while five represents exceptional ability.)

Skill:	Years of Experience	Ability or Rating
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5
_____	_____	1 2 3 4 5

TRANSPORTATION

Do you have a valid Driver's License?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Driver's License Number:	State of Issue	Expiration Date	Class C	Commercial
			<input type="checkbox"/>	<input type="checkbox"/> A <input type="checkbox"/> B

Have you had a vehicular accident or moving violation in the past three years? Yes No If yes, please explain:

Have you ever had any driver's license or permit suspended, revoked or denied? Yes No If yes, please explain:



EMPLOYMENT BACKGROUND

Please list at least three years of your work experience beginning with the most recent position held.

Employer Name:		Phone Number:	
Street Address:		Last Supervisor:	
City, State, ZIP:		May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Job Title:	Employment Dates:	Reason for Leaving	Rate of Pay:
	From:		Start:
	To:		Final:
List the jobs you held, duties performed, and skills, including equipment type experience.			
Employer Name:		Phone Number:	
Street Address:		Last Supervisor:	
City, State, ZIP:		May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Job Title:	Employment Dates:	Reason for Leaving	Rate of Pay:
	From:		Start:
	To:		Final:
List the jobs you held, duties performed, and skills, including equipment type experience.			
Employer Name:		Phone Number:	
Street Address:		Last Supervisor:	
City, State, ZIP:		May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Job Title:	Employment Dates:	Reason for Leaving	Rate of Pay:
	From:		Start:
	To:		Final:
List the jobs you held, duties performed, and skills, including equipment type experience.			

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REFERENCES

NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **PHONE:** _____

NAME: _____ **RELATIONSHIP:** _____
COMPANY: _____ **PHONE:** _____

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize Air Conditioning Innovative Solutions, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Human Resources Manager, the employment relationship will be at-will in nature. In other words, the Company reserves the right to terminate my employment with or without cause, and with or without notice, at any time. Likewise, I have the same right to terminate the employment relationship with or without cause, and with or without notice, at any time. Moreover, no agent, representative, or employee of Air Conditioning Innovative Solutions, Inc., except in a specific written contract of employment signed on behalf of the organization by its Human Resources Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS

SIGNATURE: _____ **DATE:** _____