



Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Date Available: Social Security No.: Desired Salary:\$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Proof MUST be provided: Visa, Green Card, Social Security Card, and/or Driver's License.

Do you have a valid Driver's License? YES NO

Driver's License Number:

Have you ever worked for this company? YES NO If yes, when?

If under 18 years of age, can you provide proof of eligibility to work? YES NO

Have you ever been convicted of a felony (other than a traffic violation)? YES NO If yes, please explain:

Have you ever been convicted of a DUI? YES NO

Certifications:

Please list all HVAC experience here:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other:

From: To: Did you graduate? YES NO 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

Do you have a relative or friend employed with W.G. Speeks? YES NO
If so, the Name of the individual:

Are you currently on "Layoff" status subject to recall? YES NO

Are you physically UNABLE to perform the duties of the position for which you are applying? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I understand this company adheres to a substance abuse policy and I agree to comply with its provisions. I also consent to a urine drug test as a part of the employment process. I authorize W.G. Speeks, Inc. to designate the laboratory of choice and to release the results to any Medical Review Officer or Company Representative that it designates. I understand that if this drug test is confirmed positive or if I refuse to be tested, my application will not be complete and I will not be hired. Initials: _____

I certify that the information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application, may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Initials: _____

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability, the Employer and its Representative for seeking such information and all other persons, corporations, or organizations for furnishing such information. Initials: _____

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Interviewed by:	Date of Interview:	
Position:	Pay Rate:	Starting Date:

Remarks: _____

