

# Application For Employment

# Atlantic Heating & Cooling, Inc.

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.

(PLEASE PRINT)

Position(s) Applied for			Date of Application		
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Sec. Number		Date of Birth

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?.....Yes\_\_\_ No\_\_\_

If Yes, give date\_\_\_\_\_

Have you ever been employed with us before?.....Yes\_\_\_ No\_\_\_

If Yes, give date\_\_\_\_\_

Are you currently employed?.....Yes\_\_\_ No\_\_\_

May we contact your present employer?.....Yes\_\_\_ No\_\_\_

Are you prevented from lawfully becoming employed in the 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\_\_\_ Shift Work\_\_\_

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

# Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Describe any job-related training received in the United States Military.
<hr/> <hr/> <hr/>

# Employment Experience

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.

**1.**

Employer	Date Employed From	Date Employed To	Work Performed
Address			
Telephone Number(s)	Starting Salary	Final Salary	
Job Title & Supervisor			
Reason For Leaving			

**2.**

Employer	Date Employed From	Date Employed To	Work Performed
Address			
Telephone Number(s)	Starting Salary	Final Salary	
Job Title & Supervisor			
Reason For Leaving			

**3.**

Employer	Date Employed From	Date Employed To	Work Performed
Address			
Telephone Number(s)	Starting Salary	Final Salary	
Job Title & Supervisor			
Reason For Leaving			

--	--	--	--

**4.**

Employer	Date Employed From	Date Employed To	Work Performed
Address			
Telephone Number(s)	Starting Salary	Final Salary	
Job Title & Supervisor			
Reason For Leaving			

**5.**

Employer	Date Employed From	Date Employed To	Work Performed
Address			
Telephone Number(s)	Starting Salary	Final Salary	
Job Title & Supervisor			
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

# 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 the 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 is 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

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes \_\_\_\_\_ No \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_

Employed Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Department \_\_\_\_\_

By: \_\_\_\_\_  
Name & Title Date

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_