



# HEATING & COOLING

## PRE-EMPLOYMENT APPLICATION

Choice Heating and Cooling, LLC is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until **all** questions have been answered. This questionnaire is a pre-employment application only.

<b>PERSONAL</b>				DATE: _____
NAME: _____		PHONE: (____) _____		
LAST	FIRST	MIDDLE		
PRESENT ADDRESS: _____				
NO.	STREET	CITY	STATE	ZIP
ARE YOU OVER 18 YEARS OF AGE? YES ___ NO ___				
DRIVERS LICENSE: _____				
STATE	NUMBER	TYPE/CLASS		
Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.?				YES ___ NO ___
Have you ever been convicted of any crime (excluding minor traffic violations) including DWI?				YES ___ NO ___
If "YES", state the offense, location, date and disposition _____				
Who should be contacted in case of an emergency? _____				
		Name	Phone Number	
_____				
Street Address	City	State	Zip	

<b>EMPLOYMENT DESIRED</b>			
Are you seeking ___ Full Time ___ Part Time ___ Temporary/Summer Employment?			
Position applied for _____		Salary Desired \$ _____	
Have you ever applied with us before? ___ Yes ___ No			
Date available to start _____			

**EMPLOYMENT DESIRED (CONT'D)**

Have you ever worked at Choice Heating & Cooling previously? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you ever **applied or worked** for Choice Heating & Cooling previously, state when and where you applied and/or worked.

\_\_\_\_\_

How did you learn of our company and/or position? \_\_\_\_\_

Are you now or do you expect to be involved in any other business or employment? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are there any days or hours you would be unable or unwilling to work? \_\_\_\_\_ YES \_\_\_\_\_ NO

**MILITARY**

Have you ever served in the military? \_\_\_\_\_ YES \_\_\_\_\_ NO Service Branch \_\_\_\_\_

What was your occupational specialty (MOS)? \_\_\_\_\_

What special training did you receive that may help you if employed by us? \_\_\_\_\_

**PERSONAL/HEALTH**

Can you lift a minimum of 70 pounds? \_\_\_\_\_ YES \_\_\_\_\_ NO

Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal changes or alteration to the company? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you used any illegal drug, including marijuana, in the last 12 months? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever been convicted for; driving while intoxicated, or under the influence of drugs or alcohol? If "YES" when \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you willing to take a physical exam and a drug screening at our expense? \_\_\_\_\_ YES \_\_\_\_\_ NO

How many days sick/leave did you take last year? \_\_\_\_\_

**EDUCATION**

High School	Graduate YES NO	Courses Studied
College	Graduate YES NO	Courses Studied
Trade School	Graduate YES NO	Courses Studied

Please provide a list of your strengths and weaknesses:

\_\_\_\_\_

**EDUCATION (CONT'D)**

Are you planning to pursue further studies?  YES  NO If "YES", when and what courses? \_\_\_\_\_

List any scholastic honors, offices held and activities involved in during high school or college. \_\_\_\_\_

List and describe any other school or specialized training: \_\_\_\_\_

**WORK HISTORY**

List names of employer in consecutive order with last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed provide the firm name and supply business references.

<b>Name of Employer</b>	<b>Name and title of last supervisor</b>	<b>Date Employed</b>	<b>Pay</b>
<b>Address</b>		<b>From:</b> _____ / _____ <b>Month / Year</b> <b>To:</b> _____ / _____ <b>Month / Year</b>	<b>Starting</b> \$ _____ <b>Ending</b> \$ _____
<b>Telephone</b> (    )	<b>Nature of Business</b>		
<b>Title</b>	<b>Reason for leaving</b>		
<b>Duties</b>			

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Title	Reason for leaving		
Duties			

Have you ever worked under another name, if so please provide that name. \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES" can we contact your present employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

**SPECIAL SKILLS**

Do you type? \_\_\_\_\_ YES \_\_\_\_\_ NO If "YES", how many words per minute? \_\_\_\_\_

Have you had any computer or word processing experience or training? \_\_\_\_\_ YES \_\_\_\_\_ NO

What languages do you speak and/or write fluently? \_\_\_\_\_

Describe why you are interested in working for Choice Heating & Cooling? List the skills and abilities you feel particularly qualify you for a position with us. Please attach a resume if you have one available.

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Please provide three (3) references, NOT relatives or former employers.

NAME	ADDRESS	PHONE	OCCUPATION

### AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that Choice Heating & Cooling shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools and persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools and persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further, I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to Choice Heating & Cooling any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical exam are a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of Choice Heating & Cooling without the express written consent of the President of the company. I understand my employment is at will. I further understand that I will be given an "employee handbook" outlining Choice Heating & Cooling's rules and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COMPANY USE ONLY

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's remarks: \_\_\_\_\_

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