

ALLIED AIRE, INC. HEATING AND AIR CONDITIONING

Employment Application

Date_____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected class.

APPLICANT INFORMATION				
Last Name	First	Middle		
Street Address		Social Security Number		
City	State	ZIP		
Home Phone	E-mail Address			
Cell Phone	Date Available	Desired Wage		
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Do you have any relatives working for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, whom	

EDUCATION				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	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	

ALLIED AIRE, INC. HEATING AND AIR CONDITIONING

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 <input type="checkbox"/>	NO <input type="checkbox"/>	
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 <input type="checkbox"/>	NO <input type="checkbox"/>	
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 <input type="checkbox"/>	NO <input type="checkbox"/>	
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 <input type="checkbox"/>	NO <input type="checkbox"/>	
Please include an explanation of any gaps in employment:				

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MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

Are you 18 years of age or older? YES ☐ NO ☐ If No, Do you have a valid permit to work? YES ☐ NO ☐

Have you ever been convicted of a crime? YES ☐ NO ☐ If Yes, Please explain: _____

Have you ever been convicted of a felony? YES ☐ NO ☐ If yes, Please explain: _____

After reviewing the job description for the position applied for, are you able to perform the functions of the job?
YES ☐ NO ☐ If no, please explain: _____

After reviewing the job description for the position applied for, are you able to meet the attendance requirements of the job? YES ☐ NO ☐ If no, please explain: _____

I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason, without notice. I understand that no representative of the company, other than the president, has authority to change the terms of the at-will relationship and that any such change can occur only in a written employment contract. Initial: _____

I authorize Allied Aire, Inc. to conduct a background check, including but not limited to, criminal, credit, employment, education, and references to validate information for my employment. Initial: _____

I authorize Allied Aire, Inc. to conduct a driving background check in order to operate company vehicles and equipment as well as to be included for insurance purposes. Initial: _____

I authorize Allied Aire, Inc. to conduct controlled substance examinations for pre-employment, post accident, random, safety-sensitive, follow-up or reasonable suspicion reasons. Signature: _____

I certify that my answers are true and complete. If this application leads to employment, I understand that false, incomplete or misleading information in my application or interview may result in my immediate termination.
Initial: _____

Signature

Date