

**COURTNEY'S
HEATING & COOLING**

PRE-EMPLOYMENT APPLICATION

Courtney's Heating & Cooling 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.

PERSONAL

DATE: _____

Name: _____ Home Phone (____) _____

Present Address: _____
Street Address City State Zip

Social Security No: _____ Are you over 18? Yes ___ No ___

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 and Phone Number

Street Address City State Zip

Driver License: State _____ Number _____ Type _____

EMPLOYMENT DESIRED

Are you seeking: Full Time Part Time Temporary or Summer Employment

Position applied for _____ Salary Desired _____

Have you ever applied with us before? Yes No Date available to start: _____

Have you ever worked here before? Yes No If you ever applied or worked for us, 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 lbs? Yes No

Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal changes or alterations to the company? Yes No

Have you ever used any illegal drug, including marijuana, in the last twelve months? Yes No

Have you ever had a conviction 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 screen at our expense? Yes No

How many days leave did you take last year? _____

How many Fridays and Mondays did you take as leave last year? _____

EDUCATION

| | | |
|--------------|--------------------|-----------------|
| High School | Graduate Yes No | Courses Studied |
| College | Graduate Yes No | Courses Studied |
| Trade School | Graduate Yes No | Courses Studied |

In the lines provided below, please list your strengths and weaknesses: _____

Are you willing to pursue further studies? Yes No If so, 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 employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give the firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

| | | | | |
|-------------------------------------------------|--------------------------------------|---------------------------------|-------------------------------|------------------------------------------------|
| Name of Employer Address City, State, Zip | Name and Title of Last Supervisor | Date Employed | | Pay |
| | | From: Mo. _____ Yr. _____ | To: Mo. _____ Yr. _____ | Starting \$ _____ Ending \$ _____ |
| Telephone Area Code () | Nature of Business | | | |
| Title | Reason for Leaving | | | |
| Duties | | | | |

| | | | | |
|-------------------------------------------------|--------------------------------------|---------------------------------|-------------------------------|------------------------------------------------|
| Name of Employer Address City, State, Zip | Name and Title of Last Supervisor | Date Employed | | Pay |
| | | From: Mo. _____ Yr. _____ | To: Mo. _____ Yr. _____ | Starting \$ _____ Ending \$ _____ |
| Telephone Area Code () | Nature of Business | | | |
| Title | Reason for Leaving | | | |
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| | | | | |
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| Name of Employer Address City, State, Zip | Name and Title of Last Supervisor | Date Employed | | Pay |
| | | From: Mo. _____ Yr. _____ | To: Mo. _____ Yr. _____ | Starting \$ _____ Ending \$ _____ |
| Telephone Area Code () | Nature of Business | | | |
| Title | Reason for Leaving | | | |
| Duties | | | | |

Have you ever worked under another name, please give that name: _____

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

SPECIAL SKILLS

Do you type? Yes No If yes, how many words per minute can you type? _____

Do you take shorthand? Yes No If yes, how many words per minute can you type? _____

Have you have any computer or word processing experience or training? Yes No

If yes, please describe the extent: _____

What languages do you speak and/or write fluently? _____

Use the space below to describe why you are interested in working for us, list skills and abilities which you feel particularly qualify you for a position with us. Please attach a resume if you have one available.

REFERNCES

GIVE THREE 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 consequences 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 you 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, or persons named above to give any information regarding my employment, character, and qualifications and hereby release said companies, schools, or 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 us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical 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 us without the express written consent of the President. I understand my employment is at will. I further understand that I will be given an "employee handbook" outlining our rules and regulations.

Signature: _____ Date: _____

COMPANY USE ONLY

Interviewed By: _____ Date: _____

Interviewers Remarks: _____
