



APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application form. PLEASE PRINT, except for signature on back of Application. All information given will be available only to persons who have a "need to know" or as required by law. This company will make reasonable accommodation in the application process, if needed.

This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still want to be considered for employment, it will be necessary for you to fill out a new application.

NAME (Print) LAST FIRST MIDDLE TODAY'S DATE

PRESENT ADDRESS STREET CITY STATE ZIP PHONE DAY EVENING

SOC SEC NUMBER - - POSITION APPLIED FOR? WHEN ARE YOU AVAILABLE FOR WORK?

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING: Full Time Part Time Temporary or Summer

EMPLOYMENT HISTORY

Form for MOST RECENT EMPLOYER with fields for ADDRESS, TELEPHONE, TYPE OF BUSINESS, DATES EMPLOYED, RATE OF PAY, REASON FOR LEAVING, SUPERVISOR'S NAME AND TITLE, and MAY WE CONTACT YOUR CURRENT EMPLOYER?

Form for NEXT EMPLOYER with fields for ADDRESS, TELEPHONE, TYPE OF BUSINESS, DATES EMPLOYED, RATE OF PAY, REASON FOR LEAVING, SUPERVISOR'S NAME AND TITLE, and MAY WE CONTACT THIS EMPLOYER?

NEXT EMPLOYER		ADDRESS		TELEPHONE	TYPE OF BUSINESS
DATES EMPLOYED		RATE OF PAY		REASON FOR LEAVING	SUPERVISOR'S NAME AND TITLE
From:	To:	Starting	Ending		
List jobs held, duties performed, skills used or learned, advancements or promotions.					
MAY WE CONTACT THIS EMPLOYER? Yes _____ No _____					

NEXT EMPLOYER		ADDRESS		TELEPHONE	TYPE OF BUSINESS
DATES EMPLOYED		RATE OF PAY		REASON FOR LEAVING	SUPERVISOR'S NAME AND TITLE
From:	To:	Starting	Ending		
List jobs held, duties performed, skills used or learned, advancements or promotions.					
MAY WE CONTACT THIS EMPLOYER? Yes _____ No _____					

FOR DRIVING JOBS ONLY: Do you have a valid driver's license? YES _____ NO _____ License Number and State Issued from: _____

EDUCATION

NAME OF SCHOOL	HIGHEST GRADE COMPLETED (PLEASE CIRCLE)						DIPLOMA/GED/DEGREE	
	7	8	9	10	11	12	YES/NO	SUBJECT

LIST TYPE OF BUSINESS MACHINES, INDUSTRIAL MACHINES AND EQUIPMENT YOU HAVE OPERATED ALONG WITH ANY OTHER JOB RELATED SKILLS:

In exchange for the consideration of my job application by Best Heating & Cooling, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Best Heating & Cooling, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Best Heating & Cooling may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Best Heating & Cooling may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I certify that the answers given by me in this application and during any interviews are true and correct without consequential omissions. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) Best Heating & Cooling has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) Consent to and compliance with such policy is a condition of my employment; and (3) Continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Best Heating & Cooling is terminable at will for any reason by either party.

All job applicants will be subject to a criminal background check prior to hiring.

SIGNATURE: _____

DATE: _____