

Action Air Conditioning Service, Inc.

Application for Employment

(An Equal Opportunity Employer)

Personal Information

Date _____

Name _____
Last First Middle

Social Security Number _____

Present Address _____
Street City State Zip

Phone Number _____

Are you 18 years or older? Yes No

Drivers License # _____ State _____ Expiration Date _____

Employment Desired

Position _____ Date you can Start _____ Salary desired _____

Are you employed now? Yes No

May we inquire with your present employer? Yes No

Ever applied to this company before? Yes No When? _____

Referred by _____

Education

	Name and Location Of School	*No of yrs Attended	*Did you Graduate	Subjects Studied
Grammar				
High School				
College				
Trade, Business, Or Correspondence				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

General

Subjects of special study or research work _____

U.S. Military or Naval Service _____ Rank _____ Present Membership in National Guard or Reserves _____

(Continued on other side)

Former Employers (List below last four employers, starting with last one first)

Date Month & Yr	Name & Address Of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References (Give the names of three persons not related to you, whom you have known at least one year)

Name	Address	Business	Years Acquainted

Physical Record

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes No

If "yes" what can be done to accommodate your limitation? _____

Please describe: _____

In Case of Emergency Notify

Name Address Phone Number

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

Date _____ Signature _____

Action Air Conditioning Service, Inc. is a Drug Free Workplace and all new-hires must submit to a pre-employment drug screen.



CONDITIONING SERVICE INC.

Authorization for Background Screening and Drug Testing

I authorize the Action Air Conditioning Service, Inc. or its agents to conduct an investigation and verification of all statements and information contained in this application that they may deem relevant to evaluating my qualifications for employment. I authorize all my previous employers or other persons having information concerning me or my record of employment to report such information. I release each such person, employer or its agents from all claims and liability whatsoever arising out of such an investigation and disclosure of my background.

I understand that the company to which I am applying for employment will seek to keep all such information confidential except where such information is required to be released by law.

Upon receiving a conditional offer of employment by this company, I agree to submit to a physical examination and/or testing for illegal drugs by a doctor or facility designated by and at the expense of the company. I also agree to submit to testing for alcohol and/or illegal drugs if requested at subsequent intervals as the company may direct during the course of my employment. I understand that refusal to submit to such testing may result in my dismissal. I agree to permit collection of urine, blood, saliva, hair and/or other samples from me to conduct this testing to determine the presence or use of alcohol and/or drugs. Further, I agree to the release of drug test results and other relevant medical information to authorized representatives of the company. I also understand that my employment is contingent upon passing such testing.

I have read, understand and agree to the above.

Applicant Name

Social Security #

Authorization signature of applicant

Date