

PERFECT TEMP HVAC
Employment Application



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available			Social Security No.			Desired Salary	
Driver License Number			State Issued			Auto Insurance Provider	
Position Applied for							
Are you a citizen of the United States?							
Have you ever worked for this company?	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 been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

Education

HIGH SCHOOL

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

References

PLEASE LIST THREE PROFESSIONAL REFERENCES.

<i>Full Name</i>							
Company				Relationship			
Address				Phone			
Full Name							
Company				Relationship			
Address				Phone			
Full Name							
Company				Relationship			
Address				Phone			

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"/>			

MILITARY SERVICE

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

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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