

Employment Application

Position (s) applying for:

Referral Source:

Advertisement

Employee Relative

Walk-in

Internet

Friend

Other:

Name:

(Last) (First) (M.I.)

(Date)

## Please Print Clearly

Name:

(Last) (First) (M.I.)

Address:

(Street) (Apt/Unit #)

(City) (State) (Zip Code)

Phone Number: Email:

Date Available: Desired Salary:

Are you legally eligible to work in the United States? Yes No

Have you ever been employed here before? Yes No

If yes, give dates:

Have you been convicted of a crime that has not been expunged by a court? Yes No

If yes, explain:

## Education Background

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School** | **Name of School** | **City and State** | **Years Completed** | **Graduated Yes/No** | **Course/Degree Earned** |
| **High School** |  |  |  |  |  |
| **College/ University** |  |  |  |  |  |
| **Graduate School** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

Please provide work experience below. Start with your present or most recent job.

|  |
| --- |
| Employer: Address: Telephone: ( ) Supervisor: From: To: Salary/Hourly Rate: Job duties:  Reason for Leaving:  May we contact this employer? Yes No |
| Employer: Address: Telephone: ( ) Supervisor: From: To: Salary/Hourly Rate: Job duties:  Reason for Leaving:  May we contact this employer? Yes No |
| Employer: Address: Telephone: ( ) Supervisor: From: To: Salary/Hourly Rate: Job duties:  Reason for Leaving:  May we contact this employer? Yes No |

Comments (include explanation of any gaps in employment or involuntary terminations):

## References

List names and telephone numbers of three additional professional references not listed in the Employment History section of this application.

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Telephone #** |
|  |  |  |
|  |  |  |
|  |  |  |

## Disclaimer and Signature

I authorize the Company and its designated representative to investigate all of the information in this application, including reference inquiries concerning my employment and education record. I understand and agree that an omission or misstatement of any of the information requested will result in disqualification or if hired, immediate termination regardless of the date of discovery.

I understand the employment process may include appropriate background checks, including State Criminal History Report and Driving Record Search. Information must meet organizational guidelines. A conviction record will not necessarily disqualify me from employment.

I understand that the Company is an Equal Opportunity Employer. The Company does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing an applicant’s consideration for employment on a basis prohibited by local, state, or federal law.

This application does not constitute an employment contract or an offer of employment. The employment of any person at the Company can be terminated with or without cause and with-out notice, at any time, at the option of either the employee or the Company.

Applicant’s Signature: Date:

**Company Name:** Service Plus Heating, Cooling & Plumbing

## Authorization

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize

Service Plus Heating, Cooling & Plumbing

(“the Company”) and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the Company or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I agree to release and hold harmless the Company, its representatives, its agents, and its associates from any and all liability and damages resulting or arising from the background check, or in connection with any action taken by the Company in reliance upon the information, or from the release of the results of any such background information.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Signature Date

## Disclosure

### Please print clearly:

Name: Last First Middle

Address: Street City State Zip Code

List former names used (Maiden names, etc.):

Social Security #: Date of Birth (MM/DD/YY):

Driver’s License Number: State Issued:

Name on Driver’s License:

Residency: List all residency information in the previous seven (7) years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From**  **(MM/YY)** | **To**  **(MM/YY)** | **Street**  **Address** | **City and State** | **County** |
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By signing below, you are certifying that the above information is true and correct.

Signature Date