

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Name: _____ Date: _____ Phone: _____
Last First Middle Initial

Address: _____ Email: _____
Street City State Zip Code

Desired Hourly Rate: _____ Have you worked for this company before? Is so, when: _____

Referred By: Walk-In ____ Blue Employee: ____ Relative/Friend ____ Advertisement ____ Other ____

Please describe: _____ On what date are you available to start work: _____

Are you available to work: Full-time ____ Part-time ____ Temporary ____

Are you currently employed? **Yes No** If so, may we contact your employer? **Yes No**

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? **Yes No**

(Proof of citizenship or immigration status will be required upon employment)

Do you have a valid Arizona Drivers License? **Yes No** If not, can you obtain one? **Yes No**

Are you currently on lay-off status and subject to recall? **Yes No**

Can you travel if the job requires it? **Yes No** Have you ever been convicted of a felony? **Yes No**

If yes, please describe _____

(A conviction will not necessarily disqualify an applicant from employment)

Have you had any job training from the military? **Yes No** If yes, please describe:

Are you physically able to do the job for which you are applying? **Yes No** If not, please describe:

EDUCATION

Did you graduate high school? **Yes No** Did you graduate college or tech/trade school? **Yes No**

If so, please list details: _____

List any professional trades, business, civic activities, or special skills: _____

State any additional information you may feel to be helpful in considering this application:

Please list any foreign languages you speak, read and/or write

REFERENCES Please list your professional references:

1 _____
Name Employer/Position Phone Number

2 _____
Name Employer/Position Phone Number

3 _____
Name Employer/Position Phone Number

EMPLOYMENT EXPERIENCE

Start with your present employer or your last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, and nation of origin, handicap, or other protected status.

Employer: _____ Start date: _____ Ending date: _____

Address: _____ Phone: _____

Job description: _____ Starting pay: _____ Final pay: _____

Reason for leaving: _____

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Address: _____ Phone: _____

Job description: _____ Starting pay: _____ Final pay: _____

Reason for leaving: _____

The following is a list of tools employees should personally own. Please check or mark the tools you own.

- | | | |
|---|--|---|
| <input type="checkbox"/> Sheet Metal Hammer | <input type="checkbox"/> Hand Crimper | <input type="checkbox"/> Hand Seamer |
| <input type="checkbox"/> Right Snips | <input type="checkbox"/> Gauges | <input type="checkbox"/> Medium Crescent Wrench |
| <input type="checkbox"/> Large Slotted Screwdriver | <input type="checkbox"/> Left Snips | <input type="checkbox"/> Small Slotted Screwdriver |
| <input type="checkbox"/> Phillips Screwdriver | <input type="checkbox"/> Meters | <input type="checkbox"/> Set Hex Key Wrenches |
| <input type="checkbox"/> Heavy Duty Scratch Awl | <input type="checkbox"/> Tool Pouch | <input type="checkbox"/> Thin Scratch Awl for Registers |
| <input type="checkbox"/> Set Hex Key Wrenches | <input type="checkbox"/> Panduit Gun | <input type="checkbox"/> Pop Riveter |
| <input type="checkbox"/> Hole Punch (Whitney Punch) | <input type="checkbox"/> 2' Leve | <input type="checkbox"/> Lineman's Side Cutters |
| <input type="checkbox"/> Set Channel Lock Pliers | <input type="checkbox"/> 1/4" Nut Driver | <input type="checkbox"/> 5/16 Nut Driver |
| <input type="checkbox"/> Tubing Cutter | <input type="checkbox"/> Torpedo Level | <input type="checkbox"/> Tape Measure (16' min.) |
| <input type="checkbox"/> Reclaim Machine | <input type="checkbox"/> Plumb Bob | <input type="checkbox"/> Steel Snips or Aluminum |
| <input type="checkbox"/> Torches | <input type="checkbox"/> Duct Knife | <input type="checkbox"/> 3/8 VSR Drill |
| <input type="checkbox"/> Leak Detector | <input type="checkbox"/> Vacuum Pump | <input type="checkbox"/> Set Dividers |

Are you EPA Certified? **Yes No**

Note: This Company requires random or regular drug testing. All employees will be subjected to this test.

Note: Are you subject to a child support order and/or wage withholding? **Yes / No**

In Case of an emergency, please notify:

_____	_____	_____
Name	Relationship	Phone Number

Blue Air Conditioning, Inc. conducts pre-employment drug testing for all potential employees upon mutual agreement of job offer. Employment is contingent upon a negative drug test. This company will also perform drug or alcohol impairment testing under reasonable-suspicion for all employees. Tests must be completed immediately upon request from supervisor with employee driving or being driven directly to drug testing facility. This company will pay for all drug tests as well as pay for employee's time to complete the test. Failed drug test will result in immediate termination. Employees cannot return to work until a negative drug test result is determined by the testing facility. Failure to comply with these guidelines will result in immediate termination. Drug test results will remain confidential between Company and Employee.

Please initial _____

I authorize investigations of all statements contained by this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my employment is for no definite period and may be terminated at any time without previous notice.

Signature: _____ Date: _____ Social Security Number: _____