

AIRCON CORPORATION APPLICATION FOR EMPLOYMENT

DATE: _____ SOCIAL SECURITY NO.: _____

NAME: _____
(LAST) (FIRST) (MIDDLE)

PRESENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER: _____ U.S. CITIZEN: ____ YES ____ NO
 ARE YOU 18 YRS. OR OLDER? _____ IF NOT, PLEASE STATE AGE _____

EDUCATION	NAME & LOCATION	YEARS ATTEND	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE/ UNIVERSITY				
TRADE, BUSINESS OR CORRESPOND SCHOOL				

IF RELATED TO ANYONE IN OUR EMPLOY GIVE NAME AND DEPARTMENT:
 _____ / DEPT. _____

REFERRED BY: _____

POSITION DESIRED: _____ DATE YOU CAN START: _____

SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____

IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____

IF SO, WHERE? _____ WHEN? _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____

U.S. MILITARY OR NAVAL SERVICE: _____ RANK: _____

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? _____:

ACTIVITIES OTHER THAN RELIGIOUS: _____

(CIVIC, ATHLETIC, FRATERNAL, ETC.)

*EXCLUDE ORGANIZATIONS NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, COLOR OR NATIONAL ORIGIN OF IT'S MEMBERS.

FORMER EMPLOYMENT:

PLEASE LIST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST:

DATES MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

REFERENCES:

BELOW GIVE THE CONTACT NAMES AND PHONE NUMBERS OF THE LAST THREE PLACES OF EMPLOYMENT.

CONTACT NAME	BUSINESS NAME	BUSINESS PHONE #

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALL FOR REASON OF DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT 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 PREVIOUS NOTICE.

DATE: _____ SIGNATURE: _____

IN CASE OF EMERGENCY NOTIFY: _____
(NAME) (ADDRESS) (PHONE)**OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY: _____ DATE: _____

DOES THE APPLICANT UNDERSTAND REQUIRED JOB DUTIES? YES _____ NO _____

REASON THAT APPLICANT CANNOT PERFORM JOB DUTIES? _____

REMARKS: _____

NEATNESS: _____ CHARACTER: _____

PERSONALITY: _____ ABILITY: _____ HIRE: _____

DEPT. _____ POSITION: _____ WILL REPORT: _____

SALARY: _____ APPROVED BY: _____ (EMPLOYMENT MANAGER)

RESOURCE INVESTIGATIONS

AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION

- I, the undersigned, authorize **Aircon**, or its agents and representatives to conduct a complete investigation of my background. This may include, but is not limited to, obtaining my motor vehicle/ driving record, the acquisition of my credit information through the use of a credit reporting agency, criminal history, employment history, educational background, workers comp. records, and personal references for verification of my character and reputation.
- I understand that this investigation is for employment purposes only and that any and all information revealed within the finding of such investigation shall be held in strict confidence.
- By signing below, I agree to hold harmless the person or agency conducting the investigation from any action, claim or demand which I have or may ever have resulting directly or indirectly by said information being released or made known. I further authorize the use of a copy of this document as the original.

Name _____

Previous Address: _____

Date of birth _____

Drivers License (State and Number) _____

Social Security# _____

Signature _____

Date _____

**Date of birth is being requested in order to obtain accurate retrieval or records.*

Email Address: _____