

APPLICATION FOR EMPLOYMENT

AREA HEATING AND COOLING INC.

6321 NE 131st Ave Vancouver, WA 98682
 15648 SE 11th Ave Suites 110-111 Clackamas, OR 97015
 Phone 360-737-0811 / 503-283-0265 / Fax 360-255-5622

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address		Social Security Number: _____ - _____ - _____	
Other Telephone () -			

POSITION

Position Or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	

CONTACT IN CASE OF EMERGENCY

Name	Address / City	Relationship
Telephone Number	Cell Phone Number	

BACKGROUND INFORMATION

DO YOU HAVE A VALID WASHINGTON DRIVER'S LICENSE? Yes No

What is your means of transportation to work? _____

Driver's License Number _____ State Issued: _____ Operator _____ Commercial (CDL)
 Expiration Date _____

Have you had any accidents in the past three years? _____ Have you had any driving violations (tickets) during the past three years? _____

Do you have any felonies or criminal convictions? _____ Are you legally entitled to work in the U.S.? Yes No

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? Yes No
 If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	From _____ To _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Languages Read, Written or Spoken Fluently Other Than English			

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
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		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

I understand that the employer follows an employment-at-will policy, in that I or the employer may terminate my employment at any time, for any reason consistent with applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States and I must show the employer documents that will prove this if I am offered employment by the employer.

I understand that the company may verify the information that I have provided on the application, on related papers, and in interviews. I authorize all individuals, schools and employers listed on this application to provide any information requested about me, and I release them from all liability for damages in providing the background check information from all liability for damages in providing this information.

I certify the information contained in this application is true, correct, and complete. I understand that false, untruthful or misleading answers are cause for the rejection of this application and/or refusal for employment to be offered and if employed, a cause for dismissal.

Signature of Applicant _____ **Date** _____

Interviewer's Comments:
