

**APPLICATION FOR EMPLOYMENT
TUCKERS AIR CONDITIONING & HEATING, LLC.**

DATE: ___/___/_____

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, gender, religion or national origin. The Age Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age but less than 70. Title 1 provisions of The Americans With Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities in applications procedures. Tuckers Air Conditioning & Heating, LLC. is an equal opportunity employer.

Personal Information

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

YOUR ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

YOUR PHONE NUMBER: () - SALARY DESIRED: \$

POSITION APPLYING FOR: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.A.? YES NO
ARE YOU 18 YEARS OLD OR OLDER? YES NO
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO
HAVE YOU BEEN IN THE ARMED FORCES? YES NO - IF YES, BRANCH _____ RANK: _____
WOULD YOU PREFER TO WORK: FULL-TIME PART-TIME TEMP. - DATE AVAILABLE ___/___/_____
1. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
2. HAVE YOU BEEN ARRESTED IN THE PAST FIVE YEARS? YES NO
3. DO YOU HAVE A VALID DRIVER'S LICENSE? STATE _____ LIC # _____
IF YES TO #1 OR #2 ABOVE, PLEASE EXPLAIN: _____

(An arrest/conviction will not necessarily disqualify the applicant from employment)

ARE YOU EMPLOYED PRESENTLY? YES NO IF YES, DOES YOUR PRESENT EMPLOYER KNOW OF OF YOUR PLANS TO CHANGE? YES NO

PLEASE LIST WORK EXPERIENCE: (Starting with the most recent)

DATES EMPLOYED	COMPANY NAME	SUPERVISOR	PHONE #

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? YES NO (If No, please indicate which ones)

DO YOU HAVE ANY OF THE FOLLOWING CERTIFICATIONS/TRAINING?
MD APPRENTICE HVAC YES NO DATES ___/___/___ LIC# _____
MD JOURNEYMAN HVAC YES NO DATES ___/___/___ LIC# _____
CFC CERTIFICATION UNIVERSAL / 1 / 2
NATE CERTIFICATION CORE HEAT PUMP AC INSTALL SERVICE

PLEASE CONTINUE ON REVERSE

PLEASE LIST ANY ADDITIONAL INFORMATION THAT RELATES TO YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED. (i.e. Specialized training, machine operation, hobbies, languages, etc.)

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED	COURSE OR MAJOR
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE				
OTHER				
OTHER				

PERSONAL REFERENCES (Not a relative)

- | | | |
|------|---------|---------|
| | | |
| Name | Address | Phone # |

- | | | |
|------|---------|---------|
| | | |
| Name | Address | Phone # |

I certify the information on this application for employment is true and correct to the best of my knowledge. I understand falsification of this application is grounds for revocation of a job offer or termination from employment.

Applicant Signature

Date

