Fann's Air Conditioning & Heating Co.
APPLICATION FOR EMPLOYMENT

This facility is an equal opportunity employer. We recruit, hire, train and promote without discrimination due to race, color, religion, sex, national origin, ancestry, marital status, age, sexual orientation or disability. An incomplete application may disqualify the applicant.

Please Print All Required Information. **Date of Application**_____

Position Applied For: _____ Location: _____

Salary Expected: _____ Shift: Day: _____
Night: _____
Seeking: Full Time: _____ Evening: _____
Part Time/ _____ Weekend: _____
Specific Day & Hours Per Week: _____
_____
PRN (As Needed): _____

Are you available to work weekends? Yes: _____ No: _____

What date would you be available for work? _____

Last Name_____ First Name _____ Middle_____

Present Address (No, Street)_____

City_____ State _____Zip _____

Permanent Address (No, Street)_____

City_____ State _____Zip _____

Social Security Number_____-_____-_____

Telephone (_____)_____Alternate Number (_____)_____

Are you authorized to work in the United States of America? Yes: _____ No: _____

Do you have any friends or relatives working for us? Yes: _____ No: _____

If yes, please list: _____

How were you referred to us?_____

Have you ever filed an application with us before? Yes: _____ No: _____

If yes, when?_____ For what position?_____

Have you ever worked for Fann's before? Yes: _____ No: _____

If yes, when?_____ For what position?_____

Prior dates of employment with Fann's: _____

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Have you ever been convicted of or pled guilty to a felony? Yes: _____ No: _____

*A conviction record will not necessarily be a bar to employment. You should not include information concerning convictions that have been dismissed, expunged or sealed.

If yes, please explain and state charge(s), court, date, and disposition of case(s) for each violation._____

_____

_____

Have you ever been accused of in a civil matter or a defendant in a lawsuit involving: negligence, neglect, or abuse (e.g. physical/sexual), with regard to a person in your care? Yes: _____ No: _____

If yes, please explain: _____

_____

Do you have a VALID DRIVER'S LICENSE for this state? Yes: _____ No: _____

If not, can you acquire a VALID DRIVER'S LICENSE for this state? Yes: _____ No: _____

Education

High School: _____ No. years attended ____ Graduated? Yes ___ No ____

Technical School: _____ No. years attended ____ Graduated? Yes __No __

Degree: _____

College: _____ No. years attended ____ Graduated? Yes ___ No ____

Degree: _____

Other: _____ No. years attended ____ Graduated? Yes ___ No ____

Degree: _____

Presently enrolled in any courses now? Yes ____ No ____ If Yes, Where? _____

List courses?_____

List All Local and Out-of-State Certifications and/or Credentials Now Held.

Type: _____ Issued by: _____ Date: _____ Exp: _____

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Has your credential, license, or certification ever been suspended or revoked? Yes _____ No _____
If yes, please explain:_____

_____

If you don't have any of the above, have you applied for one? Yes _____ No _____
Type: _____ Date applied: _____ State: _____

APPLICATION FOR EMPLOYMENT

Describe any job related volunteer experience you have had. Include exact dates (month/year), number of hours per week, location, and contact person.

Position:_____ Dates:_____ Hours per week: _____
Location:_____ Contact person: _____

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Position:_____ Dates:_____ Hours per week: _____
Location:_____ Contact person: _____

List any skills or qualifications which you feel would qualify you for this position.

_____
_____
_____

Do you speak or write in any language other than English? Yes _____ No _____

If yes, please list: _____

Employment History: Please fill out completely, even if you have provided a resume. List present (or most recent) employer first and include military, volunteer experience, if applicable. Please use additional sheets if necessary.

Name & Address of Employer: _____
_____

If present employer, may we contact? Yes: ____ No: ____ FT?_____ PT?_____ PRN? _____

Position Title: _____ Last Salary: _____

Supervisor's Name: _____ Phone: (____)_____ _____

Describe your principal duties or responsibilities: _____
_____
_____

From (Month/Year): _____ To (Month/Year): _____

Reason for leaving, If you quit, state why, If terminated, what reason(s) was/were given to you?_____
_____
_____
_____
_____
_____
_____

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