

# Lang's Heating & Air Conditioning EMPLOYMENT APPLICATION

Date:

Position(s) Desired:

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

## PERSONAL INFORMATION

Name		
Address		
City/State/Zip		
Telephone #		
Date of Birth		
Social Security#		
Drivers License#	State	Expiration
Are you a U. S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## PREVIOUS APPLICATION/ELIGIBILITY TO WORK

Have you applied for employment with us previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Application:	Position Applied For:
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment:	Position Held:
If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any legal restraints on your becoming employed with us, such as Visa or Immigration status?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## AVAILABILITY

When are you available to begin employment with us?	
Hours available	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____

## EDUCATION - Schools/Colleges Attended

School Name	# Years Attended	Year Graduated	Degree/Certificate

**EMPLOYMENT EXPERIENCE**

Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

Employer Name	
Address	
City/State/Zip	
Phone #	
Supervisors' Name	
Job Title	
Dates of Employment	From: _____ To: _____
Salary or Hourly rate	
Reason for leaving	

Employer Name	
Address	
City/State/Zip	
Phone #	
Supervisors' Name	
Job Title	
Dates of Employment	From: _____ To: _____
Salary or Hourly rate	
Reason for leaving	

Employer Name	
Address	
City/State/Zip	
Phone #	
Supervisors' Name	
Job Title	
Dates of Employment	From: _____ To: _____
Salary or Hourly rate	
Reason for leaving	

**SKILLS/QUALIFICATIONS**

You may exclude organizations which identify your race, color, religion, gender, national origin, disabilities, or other legally protected status.

List any professional, trade, business, or civic activities and offices held.

Please describe any specialized training, apprenticeship, skills and extra-curricular activities.

Summarize special job related skills and qualifications acquired from employment or other experience.

**ADDITIONAL INFORMATION**

Give a brief description of why you would like to work for Lang's Heating & Air Conditioning.

**REFERENCES**

Name	Telephone	Address
1.		
2.		
3.		

**ACKNOWLEDGEMENT**

I CERTIFY that answers given herein are true and complete to the best of my knowledge.

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature

Date