



# EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

Name (Last, First, Middle)	
Street Address	
City, State, Zip	
Home or Mobile Phone Number:	E-mail Address:
Florida Driver License:	
*A COPY OF YOUR FLORIDA DRIVER LICENSE IS REQUIRED	
Position applying for:	
How did you hear about this position?	
Date available for work:	Desired hours (full time, part time, etc.):

LAST NAME, FIRST INITIAL:

## EDUCATION

	Name, City and State of School	Course of Study	Total Years of Study	Degree/ Diploma
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

DATE:

List any seminars, classes or other education not listed above which may help qualify you for this position: \_\_\_\_\_

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## EMPLOYMENT HISTORY

List all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer?  YES  NO

1.	Employer (Current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	I enjoyed this job: <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor(s)		4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
2.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	I enjoyed this job: <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor(s)		4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[Please continue next page]

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## EMPLOYMENT HISTORY: START FROM MOST RECENT POSITION

3.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	I enjoyed this job: <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor(s)		4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
	What value did you add to this company or its customers?				
4.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	I enjoyed this job: <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor(s)		4.
	Job position(s)		E-mail address of supervisor		
	Reason(s) for leaving				
	What value did you add to this company or its customers?				

[Please continue next page]



# EMPLOYMENT APPLICATION

## ADDITIONAL INFORMATION

1. Have you ever been employed with this company before? Yes No  
If yes, when? \_\_\_\_\_

2. Do you have any friends or relatives employed by this company? Yes No  
If yes, please provide their name(s) and relationship to you:  
\_\_\_\_\_

3. Are you legally permitted to work in the state of Florida? Yes No

4. Can you provide proof of U.S. citizenship or proof of your legal right to work?  
Yes No

5. Are you currently employed? Yes No

6. May we contact your employer? Yes No

7. Are you currently on "lay-off" status and subject to recall? Yes No

8. Are you able to perform all essential functions of the job for which you are applying  
with or without reasonable accommodation? Yes No

9. Are there any accommodations the company would need to provide so that you can  
perform all essential functions and duties of the position applying for? Yes No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

10. If driving is a requirement of the position applied for, have you in the last seven (7)  
years been convicted of Driving Under the Influence (DUI) or Driving While Intoxicated  
(DWI)? Yes No

11. Do you have a reliable means of transportation to and from work? Yes No

12. Are you able to work overtime, if needed? Yes No

13. Have you ever been convicted of a felony or misdemeanor? Yes No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

*[Please continue next page]*

# EMPLOYMENT APPLICATION

## REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last five (5) years. Provide first and last names.

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

**PLEASE COMMENT BELOW WHY YOU WISH TO WORK AT E.D.S AIR CONDITIONING & PLUMBING:**


**IMPORTANT  
PLEASE READ, SIGN AND DATE**

*I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of the Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company.*

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*[Please continue next page]*

# Employment Application

Please read each statement closely and initial each acknowledging your understanding:

## **Equal Employment Opportunity Statement**

\_\_\_\_\_ We are committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the Company.

## **Discrimination and Sexual Harassment Policy Statement**

\_\_\_\_\_ We will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

## **Disclosure to Applicants Concerning Drug/Alcohol Testing**

\_\_\_\_\_ If you are offered a position, you may be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this Company. Neither the collector of specimens nor the medical professional who reviews the test results will be a Company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen. Negative test results are required as a condition of employment.

## **Complete and Accurate Information**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

*[Please continue next page]*

**Florida Driver License Information**

\_\_\_\_\_ I hereby understand that my position may require me to drive. I certify that I have a current, valid and insurable Florida Driver License. Should the insurance carrier deem my license uninsurable, according to their standards, this may jeopardize my position.

**At-Will Employment**

\_\_\_\_\_ I understand and agree that if I am employed, my employment will be “at-will”, which means that I may be terminated at any time, with or without cause and with or without notice. Likewise, I may have the right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding.

**Testing Authorization**

\_\_\_\_\_ If offered a position, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required as a condition of employment.

**Investigation Authorization**

\_\_\_\_\_ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving, and criminal background.

**Company Obligation**

\_\_\_\_\_ I understand and agree that the acceptance of this job application does not mean that a position for which I am qualified is open, unless specifically posted. I understand that there is no obligation to hire me as a result of accepting this completed application.

***I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

