



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, military, disability, genetic information or veteran status

Please note: Including information on this form that is not requested will disqualify your application for employment

PERSONAL INFORMATION

Last Name		First	Middle	Today's Date	Social Security Number
Street Address				Home Telephone	Mobile Telephone
City, State, Zip				Work Telephone	Email Address
Have you ever applied for employment or worked for us? Yes No if yes, when?				Are you of the legal age (18) to work?	
Position Desired		Desired Pay		Do you have adequate means of getting to work?	
Are you available for full-time work? Yes No		Flexible shifts? Yes _____ No		Will you work overtime, if asked? _____ Yes No	
Do you have, or have you applied for the legal right to remain permanently and work in the United States? Yes No				When will you be available to begin work?	

EDUCATION AND TRAINING

Please select the highest grade completed:			
_____	_____	_____	_____
Grade School	High School	College	Trade/Tech
What and where was the last school you attended?			
What job-related skills have you developed that were not acquired through formal education?			

Please use this space to indicate your areas of experience, specialized skills and expertise relative to the position for which you are applying.

HVAC: **Date** **#**
ICE Certified _____
NATE Certified _____
CFC/EPA: Type 2 _____

PLUMBING: **Date** **#**
Backflow Certified _____
DOT for gas line _____

STATE LICENSE: **Date** **#**
Plumbing _____
Electrical _____
HVAC _____

GENERAL INFORMATION

Have you ever been discharged or asked to resign by an employer? _____ Yes _____ No
If yes, please explain:

A record of criminal conviction will not necessarily be a bar to employment since the Company will consider factors such as the duties of the job for which you are applying, your age, the time of the offense, the nature and seriousness of the violation, and evidence of rehabilitation in making any employment decision.

Have you ever been convicted of a crime (other than minor traffic violations)? _____ Yes _____ No
If yes, please explain:

MOTOR VEHICLE INFORMATION

Complete this section if the job for which you are applying might require you to drive a Company or personal vehicle in the course of your work.

Do you have a valid driver's license? _____ Yes _____ No State: _____ License No. _____

Have you had any accidents in the last five (5) years? _____ Yes _____ No
If yes, please give details:

Have you been convicted for any moving violations in the last five (5) years? _____ Yes _____ No
If yes, please give details:

How many points are on your driver's license? _____

Has your driver's license ever been suspended, revoked, denied or canceled? _____ Yes _____ No
If yes, please explain:

WORK EXPERIENCE (Please note: If in response you attach your resume, make sure *all* items are answered.)

Beginning with your current or most recent employer, describe your employment experience below:

1. Present or last employer: _____
Address: _____
Kind of business : _____
Compensation: _____ Dates of employment: From: _____ to: _____
Name of your immediate supervisor: _____ Telephone No: _____
Description of your job: _____
Reason for leaving: _____

May we contact your current employer at this time? _____ Yes _____ No If no, please explain:

2. Next previous employer: _____
Address: _____
Kind of business : _____
Compensation: _____ Dates of employment: From: _____ to: _____
Name of your immediate supervisor: _____ Telephone No: _____
Description of your job: _____
Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

3. Next previous employer: _____
Address: _____
Kind of business : _____
Compensation: _____ Dates of employment: From: _____ to: _____
Name of your immediate supervisor: _____ Telephone No: _____
Description of your job: _____
Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

4. Next previous employer: _____
Address: _____
Kind of business : _____
Compensation: _____ Dates of employment: From: _____ to: _____
Name of your immediate supervisor: _____ Telephone No: _____
Description of your job: _____
Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

PERSONAL STATEMENT AND SIGNATURE – READ CAREFULLY BEFORE SIGNING

By signing below, I certify that I have read, understand and agree to each of the following statements:

- **All of the information I have supplied on this application is true, accurate and complete to the best of my knowledge, and I have not knowingly withheld any information that, if known to the Company, would affect my application.**
- **If I am hired by the Company, and the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.**
- **I agree to submit to testing for the detection of unlawful drug use, if required. If offered employment, I agree to submit to a medical examination prior to beginning work with the Company. I also understand that if I am employed by the Company, I may be required and agree, when job-related and consistent with business necessity, to undergo a medical examination.**
- **I understand that nothing in this employment application creates a contract of employment between me and the Company. I if am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated either by the Company or by me with or without cause and without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me either orally or in writing that is not an at-will agreement. Only the president of the Company has the authority to enter into an employment agreement with me for any specified period of time.**
- **I agree to release to the Company or its designated agents all medical information including but not limited to files, reports, x-rays, evaluations and opinions held by medical personnel, to the extent such information is job related and consistent with business needs. I acknowledge that this is a general release, and that if hired, it remains in effect for the duration of my employment.**
- **I authorize the Company to conduct any investigation regarding the information contained in my employment application which the Company thinks is necessary to determine my qualifications for assuming and/or maintaining a job with the Company. I will execute any release to third parties acting as designated representative of the Company. I give the Company or its designated representatives my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, health, credit, education or employment record. I hereby give my consent to any such sources to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me. Upon written request, additional information as to the nature and scope of any credit report, if one is made, will be provided.**
- **In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.**
- **READ CAREFULLY BEFORE SIGNING: I agree that any claim or lawsuit relating to my employment with the Company must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.**

Signature of Applicant

Date



**Authorization to Release
Information & Records**

I, _____

have applied for employment with Blind & Sons (the "Company"). I give the Company my permission to conduct any investigation regarding the information contained in my employment application and my background that the Company deems necessary to determine my qualifications for assuming and, should I be hired by the Company, maintaining my employment with the Company.

I give the Company my permission for the current investigation, and for any time during my employment with the Company, to contact any former employer, school, college, or university, utility company, credit or finance bureau or office, any personal or professional reference, law enforcement agency or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, to establish my character, general reputation, credit, education, or employment record.

I understand that the Company may conduct this investigation with the assistance of a designated third-party for which I will sign any required release form.

I consent to release any such source to release whatever information about me to the Company. In exchange for Company's consideration of my application for employment, I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

Signature of Applicant

Date