



APPLICATION FOR EMPLOYMENT

PERSONAL INFO

LAST NAME		FIRST NAME		MIDDLE	DATE / /
PRESENT ADDRESS		CITY	STATE	ZIP	HOW LONG AT THIS RESIDENCE?
PHONE ()	EMAIL ADDRESS		POSITION DESIRED		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME

PERSONAL HISTORY

HAVE YOU EVER WORKED FOR COOPER OATES AIR CONDITIONING BEFORE? YES NO
IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:

HAVE YOU EVER PLED GUILTY OR "NO CONTEST" TO OR BEEN CONVICTED OF A FELONY? YES NO
IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:

HAVE YOU EVER PLED GUILTY OR NO CONTEST TO OR BEEN CONVICTED IN A MISDEMEANOR RESULTING IN IMPRISONMENT WITHIN THE LAST SEVEN YEARS? YES NO
IF YES, PLEASE GIVE THE DATE(S) AND DETAILS:

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age at the time of the offense, the date of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

EMPLOYMENT INFO

HAVE YOU BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB? YES NO
IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO
IF NO, PLEASE EXPLAIN:

DO YOU HAVE ADEQUATE TRANSPORTATION TO AND FROM WORK? YES NO

ARE YOU CAPABLE OF SATISFACTORILY PERFORMING THE ESSENTIAL JOB DUTIES REQUIRED OF THE POSITION FOR WHICH YOU ARE APPLYING? YES NO

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF AN ASSUMED NAME, OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK AND EDUCATIONAL RECORD? NO YES (EXPLAIN)

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST 3 YEARS DUE TO REASONS OTHER THAN PAID HOLIDAYS AND VACATION?

YEAR: _____ NUMBER OF DAYS MISSED: _____
 YEAR: _____ NUMBER OF DAYS MISSED: _____
 YEAR: _____ NUMBER OF DAYS MISSED: _____

PLEASE INDICATE ANY EXPERIENCE, SPECIAL TRAINING AND QUALIFICATIONS YOU HAVE WHICH YOU FEEL ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

EDUCATION

SCHOOL NAME(S) / LOCATION	GRADUATED?	DEGREE / CERTIFICATE	COURSE OF STUDY OR MAJOR
HIGH SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE	<input type="checkbox"/> YES <input type="checkbox"/> NO		
TRADE SCHOOL	<input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO		



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PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. [Add additional page if necessary.]

MOST RECENT EMPLOYER NAME	EMPLOYED FROM (MO/YR) TO (MO/YR)	YOUR TITLE OR POSITION	REASON FOR LEAVING
ADDRESS			
CITY, STATE, ZIP	STARTING PAY	NAME AND TITLE OF SUPERVISOR	
TELEPHONE	FINAL PAY		
			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER NAME	EMPLOYED FROM (MO/YR) TO (MO/YR)	YOUR TITLE OR POSITION	REASON FOR LEAVING
ADDRESS			
CITY, STATE, ZIP	STARTING PAY	NAME AND TITLE OF SUPERVISOR	
TELEPHONE	FINAL PAY		
			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER NAME	EMPLOYED FROM (MO/YR) TO (MO/YR)	YOUR TITLE OR POSITION	REASON FOR LEAVING
ADDRESS			
CITY, STATE, ZIP	STARTING PAY	NAME AND TITLE OF SUPERVISOR	
TELEPHONE	FINAL PAY		
			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER NAME	EMPLOYED FROM (MO/YR) TO (MO/YR)	YOUR TITLE OR POSITION	REASON FOR LEAVING
ADDRESS			
CITY, STATE, ZIP	STARTING PAY	NAME AND TITLE OF SUPERVISOR	
TELEPHONE	FINAL PAY		
			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL REFERENCES

Please list persons you have worked with who can tell us about your **on-the-job experience and performance**.
Individuals with no prior work experience may list school or volunteer references.

NAME / TITLE	ADDRESS (STREET, CITY, STATE)	EMAIL ADDRESS	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN



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PERSONAL REFERENCES

Please list personal references, **not previous employers or relatives**, who know you well and that we may contact.

NAME / TITLE	ADDRESS (STREET, CITY, STATE)	EMAIL ADDRESS	TELEPHONE NUMBER	NUMBER OF YEARS KNOWN

APPLICANT'S STATEMENT AND AGREEMENT

Cooper Oates Air Conditioning is committed to providing equal employment opportunities to all employees and applicants without regard to race, religion, color, sex, national origin, citizenship status, uniform service member status, age, genetic information, pregnancy, childbirth or pregnancy-related conditions, disability or any other protected status in accordance with all applicable federal, state and local laws.

In the event of my employment to a position with Cooper Oates Air Conditioning (hereinafter "Company"), I will comply with all rules and regulations of the Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I further understand that the Company may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to Cooper Oates Air Conditioning, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as professional or personal references to provide Cooper Oates Air Conditioning with any pertinent information they may have regarding myself.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

SIGNATURE

This application will be considered for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must re-apply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION (INCLUDING ATTACHED FORMS, IF ANY) IS TRUE AND ACCURATE.

SIGNATURE OF APPLICANT

DATE