

AIR SEVEN HEATING & COOLING, LLC

614-367-2665

Upon completion please send via email or fax to:

servicedept@airsevenhvac.com or 614-452-9633

Application for Employment

Candidate's Name: _____ Date: _____

Email: _____

Address: _____

Telephone Number with area code: _____

Are you 18 years of age or older?

Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes No

Have you ever worked or attended school under another name? If so, under what name?

Last 4 digits of your Social Security number: _____

Job Interest

How Long have you been in the HVAC industry? _____

Are EPA 608 certified? _____ Any other certifications or Licenses? _____

Briefly tell us what you like most about HVAC:

What do you like least? _____

What is your experience with ECM/Variable speed motors? None Some Lots (circle one)

Tell us your thoughts on them: _____

What is your experience with Mini Split Units? None Some Lots (circle one)

Tell us your thoughts on them: _____

What is your experience with Wifi Thermostats? None Some Lots (circle one)
Tell us your thoughts on them: _____

Do you have reliable transportation to get you to and from work? Yes No (circle one)

Position Desired

Position applied for: _____ Start date available: _____

Hourly Pay Requested: \$ _____

Do you prefer: Full-time Part-time If part-time, hours per week desired: _____

Hours you are available to work: _____

Days of week you are available to work: _____

Are you able to work: Weekends
 Holidays
 Nights
 Overtime

How did you learn about this opening? _____

We should hire you because: _____

Education

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

Skills

Are you proficient at typing? Speed (WPM): _____

Are you experienced in using personal computers? Yes No PC Mac

How Experienced are you with smart devices/phones/tablets? _____

Are you able to use Microsoft Word and Excel? What other programs are you capable of using?

Work Experience

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:			
Starting Compensation:		Final Compensation:	

References

Identify three persons who know your work, beginning with the most recent.

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____ Email: _____

Address: _____ City, State, Zip: _____

Position or Title: _____ Years Known: _____

Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

Candidate's Signature

Date