Today's Date _____
Date Available For Employment _____

Employment Application

Fill Out Completely and Accurately (Please Print or Type)

PERSONAL DATA

Print Your Name in Full _____ Social Security No. ___ - ___ - _____
last first middle initial

Permanent Address _____ ( ) ___ - _____
no. street city state zip phone number (including area code)

Temporary Address _____ ( ) ___ - _____
no. street city state zip phone number (including area code)

Drivers License Number _____ _____ _____ _____

Are you legally authorized to work in the United States? Yes ☐ No ☐

Have you ever been convicted of a Felony? Yes ☐ No ☐ If "YES" attach details. (A YES answer does not automatically disqualify you from consideration for employment)

List your HVAC Install, Service Experience etc _____

Type of work desired _____

Career Goal _____

Can you read mechanical drawings? Yes ☐ No ☐ Can you read wiring diagrams? Yes ☐ No ☐

List any factory or office machines you can operate _____

List any computer software with which you are proficient _____

Keyboard WPM? _____

LANGUAGES (Please complete if applying for Technical Sales Engineering or other professional positions)

Are you able to read, speak or write any languages other than English? Yes ☐ No ☐

If so, which languages and with what degree of proficiency? _____

How were you referred [☐] Newspaper, [☐] Cold Call, [☐] college placement, [☐] employment agency, [☐] employee referral, [☐] community agency, [☐] other _____

EDUCATION Name and Address of School Be sure to give City, State and Zip Code		MAJOR/MINOR COURSE MAJOR GPA	CUMULATIVE GRADE AVG./ CLASS RANK	COMPLETED DIPLOMAS, DEGREES OR TOTAL CREDIT HOURS
High				
College				
Graduate				
Business/ Trade				
Other				

List Your Outside of Work Interests. _____

WORK EXPERIENCE

Print your name in full _____ Social Security No. ___ - ___ - ____

PRESENT AND FORMER EMPLOYERS: (List last position first – Address and phone no. must be complete)	DATES/ MONTH & YEAR	NATURE OF YOUR WORK AND LAST SUPERVISOR	RATE OF PAY	HOURS WORKED PER WEEK	REASON FOR LEAVING	NO. OF WORK DAYS MISSED PER YEAR
Name	From:		Starting			
No. Street	To:					
City, State, Zip	Phone No. ( ) -	Supv.	End			
Name	From:		Starting			
No. Street	To:					
City, State, Zip	Phone No. ( ) -	Supv.	End			
Name	From:		Starting			
No. Street	To:					
City, State, Zip	Phone No. ( ) -	Supv.	End			
Name	From:		Starting			
No. Street	To:					
City, State, Zip	Phone No. ( ) -	Supv.	End			

REFERENCES

List two personal references including at least one teacher if you have been in school within the last year. If self-employed, please list contracting reference(s).

1. Name	Occupation	Number of Years Known
Number, Street, City, State, Zip	Phone No. ( ) -	
2. Name	Occupation	Number of Years Known
Number, Street, City, State, Zip	Phone No. ( ) -	

List friends and relatives (show relationship) _____

MILITARY SERVICE

Dates of Service: From / / to / / Branch of Service _____

List Major Armed Service Duties _____

AGREEMENT / RELEASE

I certify that the statements made on this application are true and complete and I understand that any falsification may result in my termination. I understand that, if a job offer is made, the offer is conditional upon a medical examination performed by a Company selected physician. I authorize the Company and any investigating agency to conduct any lawful investigation it deems necessary of my application or myself including a hair follicle drug screen. Undersigned applicant forever releases and discharges the Company and any investigating agency from any claims, damages, losses, liabilities, cost and expenses related to gathering and reporting information pursuant to this release and from any charge or complaint filed with any agency related to obtaining and/or reporting any information pursuant to this release. I also authorize my former employers or schools to provide any job or school performance data the Company may request. Once a contingent job offer has been made by the Company and the placement medical examination has been completed, the undersigned applicant authorizes a search for Worker's Compensation claims to be conducted. Any unreported claims not listed in the Medical History portion of the medical examination may be grounds for withdrawing the offer of employment. **May we contact your present employer?** ☐ If employed, I agree to abide by all the rules of this Company. I hereby authorize the release of job performance information to other employers should I later leave the employ of this Company.

Signature Date (Print) Name as it appears on school records

Thank you for completing this application and for your interest

Individuals requiring reasonable accommodation in order to participate in the application process should contact the Human Resources Department at (402) 363-2310. All applicants for employment are recruited, selected and hired on the basis of individual merit and ability with respect to positions being filled, and potential for promotions or transfer which may be expected to develop. All applicants, including Vietnam veterans, are recruited, selected and hired without discrimination because of race, color, religion, sex, age, disability or national origin.