



# APPLICATION FOR EMPLOYMENT

Send completed application to [info@climate-engr.com](mailto:info@climate-engr.com)

**We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.**

**PLEASE PRINT**

Position(s) Applied For \_\_\_\_\_

Date of Application \_\_\_\_\_

How Did You Learn About Us?

Advertisement

Relative

Inquiry

Employment Agency

Friend

Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address:

Number \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_  AM  PM

Are you 18 years of age or older, can you provide required proof of your eligibility to work? .....  Yes  No

Have you ever filed an application with us before? .....  Yes  No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes  No

If yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? .....  Yes  No

Are you currently employed? .....  Yes  No

May we contact your present employer? .....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Revision 10/06/2021

{03133728.DOC}

S:\Admin\Secure Folder\Human Resources\MASTER COPIES-EMPLOYEE UNION PACKET\Application Form.docx



# APPLICATION FOR EMPLOYMENT

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full-Time (please indicate  1  2  3 shift)

Part-Time (please indicate  mornings  afternoons  evenings)

Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

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

Can you travel if a job requires it? .....  Yes  No

## EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized apprenticeship or military training, skills, and abilities that may be helpful to the position for which you are applying:

---



---



---



---

Driver's license number required if driving of customer and Company vehicles may be required in the job for which you are applying:

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Revision 10/06/2021

{03133728.DOC}

S:\Admin\Secure Folder\Human Resources\MASTER COPIES-EMPLOYEE UNION PACKET\Application Form.docx



# APPLICATION FOR EMPLOYMENT

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, or other protected status.

1.	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving				
2.	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving				
3.	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving				
4.	Employer	<b>Dates Employed</b>		<b>Work Performed</b>
		<b>From</b>	<b>To</b>	
	Address			
	Telephone Number(s)	<b>Hourly Rate/Salary</b>		
		<b>Starting</b>	<b>Final</b>	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.



# APPLICATION FOR EMPLOYMENT

**List professional, trade, business or civic activities and office held.**

*You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

---

---

---

---

## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

---

---

---

---

### Specialized Skills

Check Skills/Equipment Operated

- Terminal                       Spreadsheet                       Typewriter(WPM\_\_\_\_)                       Shorthand(WPM\_\_\_\_)
- PC/MAC                       Word Processing                       Productions/Mobile Machinery (list)\_\_\_\_\_
- Other (list)\_\_\_\_\_

**State any additional information you feel may be helpful to us in considering your application.**

---

---

---

---

**Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ....

Yes                       No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Revision 10/06/2021

{03133728.DOC}

S:\Admin\Secure Folder\Human Resources\MASTER COPIES-EMPLOYEE UNION PACKET\Application Form.docx



---

## APPLICATION FOR EMPLOYMENT

### References

1. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone Number Relationship to you  
\_\_\_\_\_  
Address

2. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone Number Relationship to you  
\_\_\_\_\_  
Address

3. \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone Number Relationship to you  
\_\_\_\_\_  
Address



---

## APPLICATION FOR EMPLOYMENT

### APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood the "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

---

Signature of Applicant

---

Date



# BACKGROUND CHECK AND MOTOR VEHICLE RECORDS AUTHORIZATION FORM

The purpose of this form is to obtain your authorizations to conduct a Motor Vehicle Records (MVR) check and a Criminal Background Check for Climate Engineers.

**THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:**

1. The undersigned authorizes Climate Engineers to obtain driving records and criminal background checks for undersigned to be considered for employment. The undersigned’s name, social security number, and driver’s license may be used to obtain records. Please note that the results of background checks will not automatically disqualify an applicant for employment, but rather will be evaluated on an individualized basis.
2. The undersigned authorizes Climate Engineers, at any time after receipt of this authorization, and if hired, throughout his or her employment to obtain driving records and conduct criminal background checks. The undersigned’s name, social security number, and driver’s license may be used to obtain records.
3. The undersigned agrees that a facsimile, electronic, or photographic copy of this authorization shall be as valid as the original.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Address: Number      Street                      City                      State                      Zip Code

\_\_\_\_\_  
Driver’s License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date