



3520 North Monroe Street
Tallahassee, Florida 32303
Phone: (850) 562-1234
Fax: (850) 562-6368

HVAC EMPLOYMENT APPLICATION

Please Print clearly – complete all 5 pages
Position(s) Applying for:

Date: ____/____/____

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____-____-____ Work Phone: ____-____-____ ext. ____ Cell Phone: ____-____-____

Social Security Number: ____-____-____ Date of Birth: ____/____/____

Email Address: (if available) _____

How did you hear about Air Control, Inc.? _____

Employment Information

Citizenship/Work Status: U.S. Citizen Green Card Holder U.S. Work Permit/Visa Canadian Citizen Canadian Work Permit/Visa

Current Employer: (if any) _____

Level of Experience relevant to the position you are applying for:

Entry Level (less than 2 years) Mid-Career (2-4 years) Tenured Career (5 plus years)

Employment Type desired: FULL-TIME PART-TIME

Desired Compensation: \$ _____ Hourly Annual

Other Compensation Desired: _____

When are you available to start work? _____

Education				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

Criminal History

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (except any minor traffic violations)? No Yes

If yes, please explain and attach any relevant documentation.

Driver's License Information

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

Do you have reliable transportation to work (please be specific)? _____

Driver's license number: _____ State of Issue: _____

Operator Commercial (CDL) Chauffeur Do you have a clean driving record? Yes No

Expiration date: _____ If not, explain: _____

Military Service

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No Branch: _____

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the past 5 years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Attach Resume if applicable.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
	Address with city/state/zip:	From	Start
		To	Final
Phone number:	Your last job title		
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Name of employer: Address with city/state/zip: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Name of employer: Address with city/state/zip: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

Name of employer: Address with city/state/zip: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No



What Size of HVAC/R equipment have you worked with? (Select ALL that apply)

- 1 - 5 Tons 5 - 20 Tons 20 - 50 Tons 50 - 100 Tons 100+ Tons



What Certifications & Licenses do you have? (Select ALL that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Certified Energy Manager | <input type="checkbox"/> EPA 608 Type I | <input type="checkbox"/> EPA 608 Type II |
| <input type="checkbox"/> EPA 608 Type III | <input type="checkbox"/> EPA 608 Universal | <input type="checkbox"/> HVAC Excellence - A/C |
| <input type="checkbox"/> HVAC Excellence - Commercial A/C | <input type="checkbox"/> HVAC Excellence - Commercial Refrigeration | <input type="checkbox"/> HVAC Excellence - Electrical Heat |
| <input type="checkbox"/> HVAC Excellence - Gas Heat | <input type="checkbox"/> HVAC Excellence - Geothermal | <input type="checkbox"/> HVAC Excellence - Heat Pumps |
| <input type="checkbox"/> HVAC Excellence - Hydronics I | <input type="checkbox"/> HVAC Excellence - Hydronics II | <input type="checkbox"/> HVAC Excellence - Oil Heat |
| <input type="checkbox"/> ICE - Commercial Refrigeration | <input type="checkbox"/> ICE - Light Commercial A/C & Heating | <input type="checkbox"/> ICE - Residential A/C & Heating |
| <input type="checkbox"/> Journeyman HVAC License | <input type="checkbox"/> Journeyman Plumber License | <input type="checkbox"/> Master HVAC License |
| <input type="checkbox"/> Master Plumber License | <input type="checkbox"/> NATE - A/C | <input type="checkbox"/> NATE - Air Distribution |
| <input type="checkbox"/> NATE - Gas Heat | <input type="checkbox"/> NATE - Heat Pumps | <input type="checkbox"/> NATE - Oil Heating |
| <input type="checkbox"/> Registered Professional Engineer | | |

Other: _____

Additional Information: Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Multiple empty horizontal lines provided for additional information.

If you have a resume, please include it with this application.

Professional References: Please list 3 people you have worked with that can attest to your ON THE JOB EXPERIENCE and PERFORMANCE.

Name _____ Position _____

Company _____ Telephone () _____

Name _____ Position _____

Company _____ Telephone () _____

Name _____ Position _____

Company _____ Telephone () _____

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Air Control, Inc., creates an actual or implied contract of employment. I understand that, if I accept employment with Air Control, Inc., it will be on an at-will basis. This means that either Air Control, Inc., or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Air Control, Inc... I release Air Control, Inc. and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Air Control, Inc. to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Air Control, Inc. and its employees from all liability arising from such investigation.

Signature of applicant _____ **Date:** ____/____/____

Print Name: _____

Air Control, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Air Control, Inc. depends solely on your qualifications.