

# Air Control, Inc.

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)? <input type="radio"/> No <input type="radio"/> Yes |
| If yes, please explain and attach any relevant documentation.   |
|   |

| Driver's License Information   |
|--|
| DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="radio"/> Yes <input type="radio"/> No   |
| Do you have reliable transportation to work (please be specific)?  |
| Driver's license number: State of Issue:   |
| <input type="radio"/> Operator <input type="radio"/> Commercial (CDL) <input type="radio"/> Chauffeur Do you have a clean driving record? <input type="radio"/> Yes <input type="radio"/> No |
| Expiration date: If not, explain:  |

| Military Service   |
|--|
| HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="radio"/> Yes <input type="radio"/> No Branch: |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="radio"/> Yes <input type="radio"/> 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:<br><br>Address with city/state/zip:<br><br>Phone number: | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>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:

Name of last supervisor

Employment  
dates

Pay or salary

Address with city/state/zip:

From  
To

Start  
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:

Name of last supervisor

Employment  
dates

Pay or salary

Address with city/state/zip:

From  
To

Start  
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:

Name of last supervisor

Employment  
dates

Pay or salary

Address with city/state/zip:

From  
To

Start  
Final

Phone number:

Your last job title

Reason for leaving (be specific)



May we contact this employer? ☒ Yes ☐ No

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

|   |   |  |
|---|---|--|
| <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.

[illegible]

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.