



ALLIED
REFRIGERATION
 HVACR EQUIPMENT PARTS SUPPLIES

Employment Application

An Affirmative Action / Equal Opportunity Employer

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone No: _____ Date Available: _____

Desired Salary: \$ _____ Referred By: _____

Position Applied for: _____

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) YES NO

Have you ever worked for this company? YES NO If yes, when & where? _____

If hired, would you have a reliable means of transportation to and from work? YES NO

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES NO

If no, describe the functions that cannot be performed.

In Case of Emergency Notify: _____ Relationship: _____

Address: _____

Phone Number: _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and/or skill test.

Education and Training

High School: _____ Address: _____

Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

Did you graduate? YES NO
 Degree: _____

References

Please list three persons not related to you who have knowledge of your work performance within the last 3 years.

Full Name: _____ No. of Years
Acquainted: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ No. of Years
Acquainted: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ No. of Years
Acquainted: _____
Company: _____ Phone: _____
Address: _____

Employment History

List your last 3 employers, starting with your most recent.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employment History, Continued

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I hereby authorize investigation of all statements contained in this application. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Remarks: _____