

WALLACE-DUNN HEATING & A/C INC.
PO BOX 581 HWY 109S
TROY NC 27371
910-439-5086 OR 910-439-6168 FAX 910-439-1532

APPLICATION FOR EMPLOYMENT

NAME _____ DATE _____
LAST FIRST MIDDLE
ADDRESS _____ PHONE _____
PO OR PHYSICAL ADDRESS
CITY ST ZIP DATE OF BIRTH _____

SS# _____ Email: _____

DO YOU HAVE DRIVERS LICENSE? _____ LICENSE# _____ TRANSPORTATION _____

CAN YOU WORK AT HEIGHTS?(LADDERS, SCAFFOLDS, ETC...) _____

IF HIRED, WHEN WILL YOU BE AVAILABLE FOR WORK? _____

WHAT IS THE MINIMUM WAGE YOU WOULD CONSIDER? _____ PER HOUR

ARE THERE ANY HOURS OR DAYS YOU CANNOT OR WILL NOT WORK? _____

DO YOU HAVE A PHYSICAL OR MEDICAL CONDITION WHICH WOULD INTERFERE WITH YOUR JOB PERFORMANCE? _____ IF SO, EXPLAIN _____

ARE YOU WILLING TO WORK OVERTIME IF IT IS NEEDED? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ IF YES, GIVE DETAILS _____

EMPLOYMENT HISTORY: LIST STARTING WITH PRESENT OR LAST EMPLOYER

(1) EMPLOYER NAME _____ DATE EMPLOYED FROM _____ TO _____

SALARY START _____ END _____ POSITION _____

REASON FOR LEAVING _____ SUPERVISOR'S NAME _____

(2) EMPLOYER NAME _____ DATE EMPLOYED FROM _____ TO _____

SALARY START _____ END _____ POSITION _____

REASON FOR LEAVING _____ SUPERVISOR'S NAME _____

(3) EMPLOYER NAME _____ DATE EMPLOYED FROM _____ TO _____

SALARY START _____ END _____ POSITION _____

REASON FOR LEAVING _____ SUPERVISOR'S NAME _____

EDUCATION:

HIGH SCHOOL _____ GRADE COMPLETED _____
NAME CITY/ST

COLLEGE/TECHNICAL _____ YEARS ATTENDED _____

GRADUATE _____

OTHERS: _____

ARE THERE ANY OTHER TRAINING, SKILLS, OR EXPERIENCE YOU HAVE THAT MAY BE BENEFICIAL TO
EMPLOYMENT WITH THIS COMPANY?

PERSONAL REFERENCES (EXCLUDING FORMER EMPLOYERS AND RELATIVES)

(1)NAME _____ ADDRESS _____ PHONE _____

(2)NAME _____ ADDRESS _____ PHONE _____

(3)NAME _____ ADDRESS _____ PHONE _____

MILITARY SERVICE RECORD:HAVE YOU EVER SERVED IN THE U.S. ARMED FORCES? _____

HIGHEST RANK ACHIEVED _____ DATES: FROM _____ TO _____

APPLICANT'S AGREEMENT:

I CERTIFY THAT I HAVE A SINCERE INTEREST IN EMPLOYMENT WITH THIS COMPANY AND THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT FALSE STATEMENTS MAY RESULT IN DISMISSAL. I AM WILLING TO TAKE A PHYSICAL EXAMINATION WHICH MAY INCLUDE DRUG TESTING, BEFORE OR DURING EMPLOYMENT AS REQUESTED BY THIS COMPANY. I VOLUNTARILY GIVE THE COMPANY PERMISSION TO INVESTIGATE MY PAST EMPLOYMENT AND OTHER INFORMATION GIVEN IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE COMPANY SEEKING THE INFORMATION AND ALL OTHER COMPANIES, PERSONS, ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

SIGNATURE OF APPLICANT _____ DATE _____

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____