



16628 Sea Lark Rd. Houston, TX. 77062
281-488-HELP (4357)

Application for Employment
Applications may be tested for illegal drugs

Please complete pages 1-6

Date _____

Name _____
Last First Middle Maiden

Social Security No. _____ - _____ - _____

Present Address _____
Number Street City State Zip Code

Physical Address _____
If different from mailing Number Street City State Zip Code

How long have you lived at current physical address? _____

Home Telephone number (____) _____

Cellular number (____) _____

Emergency contact name & number _____ (____) _____

If under 18 year of age, please list age _____

Position applied for (1) _____

Salary desired (2) _____

(Be specific)

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: Full-time only Part-time only Full or part-time
(Circle your selection)

Days/hours available to work:

No Preference _____ Thursday _____

Monday _____ Friday _____

Tuesday _____ Saturday _____

Wednesday _____ Sunday _____

When are you available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION OF SCHOOL (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Business or Trade School				
Professional School				

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Have you ever been convicted of a crime? No Yes
(Circle your selection)

If yes, explain number of conviction(s), nature of offense(s) leading to convictions(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Do you have a Driver's License? No Yes
(Circle your selection)

What is your means of transportation to work? _____

Driver's License Number _____ State of Issue _____ Expiration Date _____

Type of Driver's License: Operator Commercial Chauffer
(Circle your selection)

Have you had any accidents during the past three years?
Have you had any moving violations during the past three years?

Please list three professional references excluding relatives and friends, preferable supervisors.

Name _____
Position _____
Company _____
Address _____
Telephone (____) _____

Name _____
Position _____
Company _____
Address _____
Telephone (____) _____

Name _____
Position _____
Company _____
Address _____
Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the back of the application to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

MILITARY

Have you ever been in the armed forces? No Yes
(Circle your selection)

Are you now a member of the National Guard? No Yes
(Circle your selection)

Specialty _____ Date Entered _____ Date Discharge _____



Work Experience Please list your work experience for the **past five years** beginning with your most recent job. If you were self-employed, give the company name. **Attach additional sheets if necessary.**

Name of employer: Address of company: Phone number:	Name of Last Supervisor	Employment Dates	Pay or Salary
		From: To:	Start: Final:
Your last job title:			
Reason for leaving: <i>(be specific)</i>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address of company: Phone number:	Name of Last Supervisor	Employment Dates	Pay or Salary
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Name of employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
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Address of company:	Supervisor	Dates	
		From:	Start:
Phone number:		To:	Final:
	Your last job title:		
Reason for leaving: <small>(be specific)</small>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address of company:	Name of Last Supervisor	Employment Dates	Pay or Salary
		From:	Start:
Phone number:		To:	Final:
	Your last job title:		
Reason for leaving: <small>(be specific)</small>			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? No Yes
(Circle your selection)

Did you complete this application yourself? No Yes
(Circle your selection)

If not, who did? _____

Office Only

Typing? No Yes WPM _____
(Circle your selection)

Ten-key? No Yes
(Circle your selection)

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Word Processing?

(Circle your selection)

Personal Computer?

(Circle your selection)

Other skills _____

No

Yes

No

Yes

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

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In exchange for the consideration of my job application by **AIRCON SERVICE COMPANY** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of **AIRCON SERVICE COMPANY**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and **AIRCON SERVICE COMPANY**, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employments relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____

Date: _____

This company 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 this Company depends solely on you qualifications.

Thank you for completing this application form and for your interest in our business.

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