

# EMPLOYMENT APPLICATION



5402 Tower Road • Tallahassee, FL 32303 • (850) 562-3132 • Fax: (850) 562-6546 • www.BensonsHVAC.com

*(Applicants who need accommodation for an interview should request this in advance)*

PLEASE PRINT

Date \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

How were you referred to us?

\_\_\_\_\_ Newspaper Ad \_\_\_\_\_ School \_\_\_\_\_ Agency \_\_\_\_\_ Current Employee \_\_\_\_\_ Other

Name of Referral Source: \_\_\_\_\_

Indicate the position for which you are applying: \_\_\_\_\_

Do you wish to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporarily?

If part time, specify hours or days: \_\_\_\_\_ Date available: \_\_\_\_\_

What is your minimum weekly salary requirement? \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with us? \_\_\_ Y \_\_\_ N

## EDUCATIONAL DATA

School	Print Name, Number and Street, City, State, and Zip Code for Each School Listing	No. of years completed	Degree, Major or Type of Course
High School			
College			
Graduate School			
Trade, Business			
Other			

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## EMPLOYMENT HISTORY

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List present employer or most recent employer first (use other side of this application, if necessary).

May we contact these employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Your Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Employed: From \_\_\_\_\_ Mo./Yr. To \_\_\_\_\_ Mo./Yr.

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Your Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Employed: From \_\_\_\_\_ Mo./Yr. To \_\_\_\_\_ Mo./Yr.

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Your Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Employed: From \_\_\_\_\_ Mo./Yr. To \_\_\_\_\_ Mo./Yr.

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Your Salary: Start: \_\_\_\_\_ End: \_\_\_\_\_

Employed: From \_\_\_\_\_ Mo./Yr. To \_\_\_\_\_ Mo./Yr.

Duties: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

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## GENERAL INFORMATION

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Are you legally authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No (You will be required to provide proof within 3 days of hire.)

Have you previously applied for employment here? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, When? \_\_\_\_\_

Have you previously been employed by this company or one of its subsidiaries?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, When? \_\_\_\_\_

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## REFERENCES (NOT EMPLOYERS OR RELATIVES - AT LEAST THREE)

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PLEASE PROVIDE 3 INDIVIDUAL REFERENCES WHO CAN SPEAK TO YOUR WORK PERFORMANCE, CHARACTER, ETC.

Name and Address	Occupation	Phone

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## EMPLOYEE NOTIFICATION

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Person to be Notified in Case of an Emergency:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability.)

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## APPLICANT STATEMENT

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I certify that all information I have provided in order to apply for and secure work with Benson's Heating and Air Conditioning, Inc. ("employer") is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) to cancel further consideration of this application, or (2) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no information obtained is used for the purpose of limiting or excusing me from employment on a basis prohibited by applicable local, state or federal law.

I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. My current employment does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING STATEMENT.

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Applicant's Signature

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Date



## BACKGROUND AUTHORIZATION

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*\*Previous Names Used: \_\_\_\_\_

Current Home Address: \_\_\_\_\_  
Street Address (No P.O. Boxes)                      City                      State                      Zip Code                      County

How long have you lived at current address? \_\_\_\_\_

Previous Address: \_\_\_\_\_  
Street Address (No P.O. Boxes)                      City                      State                      Zip Code                      County

How long did you live at your previous address? \_\_\_\_\_

\*\*Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's License Number: \_\_\_\_\_ State: \_\_\_\_

Have you ever been convicted of a crime other than minor traffic offenses? Y \_\_\_\_\_ N \_\_\_\_\_

If yes, provide explanation:

Year of Offense: \_\_\_\_ County in which offense was committed: \_\_\_\_\_ Offense Description: \_\_\_\_\_

*\*\*THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1967.*

In connection with my application for employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report – including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history and employment history – may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606. to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I release Benson's Heating and Air Conditioning, Inc. and any other person and/or agencies from any suits, liens, judgments, damage and/or liability resulting from this process.

The above information is used solely for inquiries and criminal history checks.

Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_