



D & J Air Conditioning, Inc.

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042651-002 C-39 • 069577-003 L-39 • 069578-004 L-45

Application for Employment

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please print legibly and complete all areas)

Position applied for: _____ Date _____

Name _____

Last

First

Middle

Address _____

City _____ State _____ ZipCode _____

Telephone Numbers - (Home) _____ (Cell) _____

Social Security Number _____ Desired Hourly Rate \$ _____

Referred by:

_____ Advertisement

_____ Employment Agency

_____ Friend

_____ Relative

_____ Walk In

_____ Other

Note: This Company requires random or regular drug testing. All employees will be subjected to this test.

Please Initial _____ please initial

Note: Are you subject to a child support order and/or wage withholding? _____ Yes _____ No

In Case of an emergency, please notify:

Name _____ Telephone _____

Address _____ Relation _____

If you are under 18 years of age, can you provide proof of eligibility to work? Yes No

Have you applied with us before? Yes No

If yes, give date(s) _____ - _____ - _____.

Have you previously worked for at D&J Air Conditioning, Inc.? Yes No

If yes, give date(s) _____ - _____ - _____.

Are you currently employed? Yes No

If so, may we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Do you have a valid Arizona Drivers License? Yes No

If not, can you obtain one? Yes No

Are you currently on lay-off status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of a felony? Yes No

A Conviction will not necessarily disqualify an applicant from employment.

If yes, please describe _____

Have you had any job training from the military? Yes No

If yes, please describe _____

Are you physically able to do the job for which you are applying? Yes No

If not, please describe _____

On what date are you available to start work? _____

Are you available to work: Full time Part time Temporary

Education:

Name and location

Circle last year completed

Did you graduate?

Elementary School

1 2 3 4 5 6 7 8

____ Yes ____ No

High School

9 10 11 12

____ Yes ____ No

College – University – Trade or Tech

1 2 3 4

____ Yes ____ No

List any professional trades, business, civic activities, or special skills:

State any additional information you may feel to be helpful in considering this application:

List any foreign languages you speak, read and/or write:

Speak: _____

Read: _____

Write: _____

References:

List the Name, and telephone number of three (3) references not related to you.

1. _____
Name Telephone

2. _____
Name Telephone

3. _____
Name Telephone

Employment Experience: Start with your present employer or your last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, and nation of origin, handicap or other protected status.

1. Employer: _____
Dates employed: Start date: _____ Ending date: _____
Address: _____
Telephone _____ Job description _____
Starting hourly rate or salary: _____ final hourly rate or salary: _____
Reason for leaving: _____

2. Employer: _____
Dates employed: Start date: _____ Ending date: _____
Address: _____
Telephone _____ Job description _____
Starting hourly rate or salary: _____ final hourly rate or salary: _____
Reason for leaving: _____

3. Employer: _____
Dates employed: Start date: _____ Ending date: _____
Address: _____
Telephone _____ Job description _____
Starting hourly rate or salary: _____ final hourly rate or salary: _____
Reason for leaving: _____

4. Employer: _____
Dates employed: Start date: _____ Ending date: _____
Address: _____
Telephone _____ Job description _____
Starting hourly rate or salary: _____ final hourly rate or salary: _____
Reason for leaving: _____

* If additional space is needed, please continue on a separate sheet of paper.

The following is a list of tools employees should personally own. Please check or mark the tools you own.

- | | |
|---|---|
| <input type="checkbox"/> Sheet Metal Hammer | <input type="checkbox"/> Hand Crimper |
| <input type="checkbox"/> Left Snips | <input type="checkbox"/> Right Snips |
| <input type="checkbox"/> Large Slotted Screwdriver | <input type="checkbox"/> Small Slotted Screwdriver |
| <input type="checkbox"/> Phillips Screwdriver | <input type="checkbox"/> Heavy Duty Scratch Awl |
| <input type="checkbox"/> Thin Scratch Awl for Registers | <input type="checkbox"/> Hand Seamer |
| <input type="checkbox"/> Set Hex Key Wrenches' | <input type="checkbox"/> Panduit Gun |
| <input type="checkbox"/> Tool Pouch | <input type="checkbox"/> Pop Riveter |
| <input type="checkbox"/> Hole Punch (Whitney Punch) | <input type="checkbox"/> Set Channel Lock Pliers |
| <input type="checkbox"/> Lineman's Side Cutters | <input type="checkbox"/> 1/4" Nut Driver |
| <input type="checkbox"/> Medium Crescent Wrench | <input type="checkbox"/> 2' Level |
| <input type="checkbox"/> 5/16 Nut Driver | <input type="checkbox"/> Tape Measure (16' MINIMUM) |
| <input type="checkbox"/> Torpedo Level | <input type="checkbox"/> Gauges |
| <input type="checkbox"/> Tubing Cutter | <input type="checkbox"/> Torches |
| <input type="checkbox"/> Duct Knife | <input type="checkbox"/> Meters |
| <input type="checkbox"/> 3/8 VSR Drill | <input type="checkbox"/> Leak Detector |
| <input type="checkbox"/> Steel Snips or Aluminum | <input type="checkbox"/> Vacuum Pump |
| <input type="checkbox"/> Set Dividers | <input type="checkbox"/> Reclaim Machine |
| <input type="checkbox"/> Plumb Bob | <input type="checkbox"/> EPA Certified |

I authorize investigations of all statements contained in this application. And I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand that my employment is for no definite period and may be terminated at any time without previous notice.

Date: _____ **Signature:** _____

Do not write below this line

Interviewed by: _____ Date _____

Remarks: _____

Appearance: _____ Character: _____

Personality _____ Ability: _____

Date hired _____ Position: _____

Rate of pay: _____

Received all necessary forms: _____