

A Superior Air Conditioning Company is a drug-free workplace. We are also an Equal Opportunity Employer, committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

Please TYPE or PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions on this application or your application will be deemed incomplete and may not be considered. Please answer each question on this application (don't just indicate "See Resume") because applications with missing or invalid job numbers will not be considered for any position.

Position you are applying for: \_\_\_\_\_ Job # \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_

Other names under which you have attended school or been employed \_\_\_\_\_

Address \_\_\_\_\_

Soc Sec # \_\_\_\_\_

Phone, Preferred: \_\_\_\_\_ Phone, Secondary: \_\_\_\_\_

Are You...  Yes  No Eligible to work in the United States?

Yes  No 18 years of age or older? If no, what is your age today? \_\_\_\_\_

Yes  No Related to any current company employee? If yes, what is their name?  
\_\_\_\_\_

Yes  No *If required for this position, do you have a valid drivers license?*

If yes, what is the state of issuance? \_\_\_\_\_

... license # and expiration date? \_\_\_\_\_

How did you learn about this employment opportunity? Check all that apply

- Newspaper ad
- Magazine ad
- Job bulletin (posting) / Walk-in
- Website
- Dept. of Labor
- Referral by employee
- Other \_\_\_\_\_

High School Name & City/State  
\_\_\_\_\_

Graduation date, or if none, number of years until graduation: \_\_\_\_\_

GED graduation date \_\_\_\_\_

Degrees or certificates awarded  
\_\_\_\_\_

Other School Names & City/States  
\_\_\_\_\_

Graduation date, or if none, number of years until graduation: \_\_\_\_\_

Degrees or certificates awarded  
\_\_\_\_\_

Other School Names & City/States

Graduation date, or if none, number of years until graduation:

Degrees or certificates awarded

Other School Names & City/States

Graduation date, or if none, number of years until graduation:

Degrees or certificates awarded

Other credentials, licenses, professional affiliations, etc. which are relevant to the job(s) for which you are applying.

Skills... Please list technical skills, clerical skills, trade skills, etc. relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert).

Work Experience... Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. *Attach additional sheets if necessary.* Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. DO NOT complete this information with the notation "See Resume." Please note that A Superior Air Conditioning Company reserves the right to contact all current and former employers for reference information.

Organization name and Address

Title / position

Dates employed (most recent position)

Full-time     Part-time \_\_\_\_\_ hrs / wk

Starting salary \$ \_\_\_\_\_    Final salary \$ \_\_\_\_\_

Supervisor's name, title, and phone number

Primary duties

Reasons for leaving

Organization name and Address	_____
Title / position	_____
Dates employed (most recent position)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs / wk
	Starting salary \$ _____    Final salary \$ _____
Supervisor's name, title, and phone number	_____
Primary duties	_____
Reasons for leaving	_____

Organization name and Address	_____
Title / position	_____
Dates employed (most recent position)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs / wk
	Starting salary \$ _____    Final salary \$ _____
Supervisor's name, title, and phone number	_____
Primary duties	_____
Reasons for leaving	_____

I give permission for A Superior Air Conditioning Company to contact my current references...

At any time, OR  only if I am a finalist candidate

Other references' names, titles, and phone numbers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE READ CAREFULLY AND SIGN TO INDICATE THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment, if discovered at a later date. I authorize A Superior Air Conditioning Company to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employed at A Superior Air Conditioning Company serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for a promotion and during which I may be terminated without right of appeal.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_