

MOUNTAIN HOME HEAT AND AIR

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name (Last)	(First)	(Middle)	Date
Address	City	State	Zip Code
Telephone	Alternate Telephone	E-Mail Address	
Social Security Number	Driver's License #/Issuing State	Date of Birth	
Position Applying For	Type of Work Desired <input type="radio"/> Full-Time <input type="radio"/> Part-Time <input type="radio"/> Temporary/Contract		
When Are You Available to Begin Work?	Will You Work Overtime? <input type="radio"/> Yes <input type="radio"/> No		
If hired, can you provide evidence that you are authorized and of legal age to work in the United States? <input type="radio"/> Yes <input type="radio"/> No			
In Case of Emergency Notify	Telephone	Name of Nearest Relative	Telephone

EDUCATION

High School	Address		
From	To	Did you graduate?	<input type="radio"/> Yes <input type="radio"/> No Degree
College	Address		
From	To	Did you graduate?	<input type="radio"/> Yes <input type="radio"/> No Degree
Other	Address		
From	To	Did you graduate?	<input type="radio"/> Yes <input type="radio"/> No Degree

Professional Organizations:	
First-Aid Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
CPR Training? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed

EMPLOYERS

(List all jobs and contracts held by you during the past five continuous years)

CURRENT EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name	Telephone		
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving	Supervisor		

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

PREVIOUS EMPLOYER

Company Name		Telephone	
Address	City	State	ZIP Code
Position Held	From	To	Starting/Ending Salary
Reason for Leaving		Supervisor	

MILITARY STATUS

Have You Served in the U.S. Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Start Date	End Date
Rank/Rate at Discharge	Type of Service	Type of Discharge	
Special Training/Experience Received in the U.S. Armed Services	Draft Status	Reserve Status	

CRIMINAL HISTORY

Have you ever been <i>convicted</i> of a criminal offense? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any criminal actions pending in which you are the Defendant? (Not Applicable to California Applicants) Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on probation or parole? Check One: <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to any of the above questions, please explain the nature of the offense and provide the date of the offense and the county and state in which it occurred.

PERSONAL REFERENCES

Name	Address	Phone	Occupation	Relationship

DISCLAIMER AND SIGNATURE

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualification for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

Signature	Date
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