

APPLICATION FOR EMPLOYMENT

A/C Specialties, Inc. is an equal opportunity employer.

PERSONAL INFORMATION

Last Name	First	Middle Initial	Date of Birth
Address			SS#
City	State	Zip	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Telephone ()	Work Telephone ()	Message Telephone ()	
Have you ever been employed by this company or its affiliates? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dates:			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
Driver's License #:		State:	Type:

EDUCATION

Level	Name and Address	Date Graduated/ Level Completed	Major Studies	Degree/Diploma License/Certificate
High School				
Vocational, Business, Other				

MILITARY

Branch	Dates of Service	Final Rank	Assignment

Are you now a member of the National Guard? Yes No

EMPLOYMENT HISTORY

Please list employment record, starting with the most recent.

Dates	Employer Name and Address	Supervisor Name and Job Title	Phone #
Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

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Job Title			Reason for Leaving
Duties, Responsibilities, Promotions			Salary Start: End:

REFERENCES

Please provide three references (not relatives or previous employers).

Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:
Name	Address	Phone:
		Relationship:
		Years Known:

APPLICANT STATEMENT

I understand and agree to the following:

This application is not a contract of employment. Should the employer hire me and should any of the information I have given in this application be found false, misleading, or incomplete, I shall be subject to dismissal. The employer follows an "at will" employment policy, meaning the employer or I may terminate employment at any time for any reason consistent with applicable law. All hired persons must provide proof of identity and authorization to work in the US. Failure to produce such proof will result in denial of employment. I authorize investigation of all statements given on this application. The employer may contact any educational institution, reference, or employer listed on this application, except my current employer if so noted, to verify the information I have given. I hereby release all involved parties from any liability arising from such an investigation.

I certify that all the information given in this application is complete and true.

Signature of Applicant

Date