

APPLICATION FOR EMPLOYMENT  
Jacksonville Heating Contractors, Inc  
1206 Gum Branch Road  
Jacksonville, NC 28540  
(910) 347-2843 Phone-(910) 347-1504 Fax

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Emergency Contact Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Email \_\_\_\_\_

Position Applying For (circle all): Service Tech Installer Electrical Office  
Warehouse Duct Fabricator General Labor/Entry Level

Expected Rate of Pay: \_\_\_\_\_ ( ) Part Time ( ) Full Time

Hours Available: \_\_\_\_\_

Available to be "On Call" schedule? ( ) Yes ( ) No ( ) Sometimes

Available to work: ( ) Evenings ( ) Weekends ( ) Overtime

Available to travel: ( ) In town ( ) Out of town ( ) Overnight

Do you have your own tools? ( ) Yes ( ) No Are you CFC Certified? ( ) Yes ( ) No

If you answered Yes to having your own tools, what tools do you have?

( ) Nut Driver ( ) Pliers ( ) Meters ( ) Gauges ( ) Duct Hammer

( ) Drill ( ) Hole Cutter ( ) Hand Tongs ( ) Button Punches

( ) Crimper ( ) Screw Driver ( ) Tm Snips ( ) Basic Hand Tools

Special Skills: \_\_\_\_\_

\_\_\_\_\_

Activities: (Civic, Athletic, etc.) \_\_\_\_\_

Have you ever filed a Workman's Comp Claim: ( ) Yes ( ) No

U.S. Military Service: ( ) Yes ( ) No Branch: \_\_\_\_\_ Rank \_\_\_\_\_

Present Membership in Coast Guard or Reserves? ( ) Yes ( ) No

Are you currently employed? ( ) Yes ( ) No Have you applied here before? ( ) Yes ( ) No

Can we inquire of your present employer? ( ) Yes ( ) No

Are you 18 years or older? ( ) Yes ( ) No

Are you a US citizen or an alien authorized to work in the U.S.? ( ) Yes ( ) No

(Proof of citizenship or immigration status will be required upon employment)

Have you been convicted of a felony within the past 7 years? ( ) Yes ( ) No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Date you can start: \_\_\_\_\_

Referred here by: ( ) Employment Office ( ) Advertisement ( ) Walk-In ( ) Friend ( ) Relative ( ) Other \_\_\_\_\_

Education: ( ) High School Diploma: From \_\_\_\_\_ ( ) GED \_\_\_\_\_

( ) Some college classes (list): \_\_\_\_\_

Name of College: \_\_\_\_\_

( ) Technical School certified in: \_\_\_\_\_

Name of Technical School: \_\_\_\_\_

( ) Other (list): \_\_\_\_\_

( ) College graduated from: \_\_\_\_\_

Degree(s) \_\_\_\_\_

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APPLICATION FOR EMPLOYMENT (CONT)

WORK EXPERIENCE: (START WITH MOST RECENT)

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Position: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Starting Pay: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

References	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Acquainted</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed, falsified statements on this application will be grounds for termination.

I authorize the investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damages that may result from furnishing same to you.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Do Not Write Below This Line**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Hired: ( ) Yes ( ) No Position \_\_\_\_\_ Dept: \_\_\_\_\_

Salary/Wages: \_\_\_\_\_ Date reporting to work: \_\_\_\_\_

Approved by: \_\_\_\_\_ Supervisor: \_\_\_\_\_