

Employment Application



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Ocala, FL 34476

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hrdept@heritageaire.com

Please Read Before Beginning: The information requested on this application will be used to determine your qualifications for employment. All requested information must be provided. Answer completely and accurately.

Do not leave blanks. If a question does not apply or you do not have information, write "N/A" or "Not Applicable."

Once submitted, this document will be kept confidential and remain the property of Heritage Aire Corporation.

Heritage Aire Corporation is committed to a policy of equal employment opportunity. We will not discriminate on the basis of race, creed, color, sex, sexual orientation, age, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

Applicant's Name (Last, First, Middle Initial): _____

Application Date: _____

Personal Data

Date _____

First Name _____

Middle Name _____

Last Name _____

Social Security Number _____

Street Address _____

City _____

State _____

Zip _____

May we contact
you at your work
phone?

Are you 18 years
old or over?

If you are under
18, do you have a
work permit?

Yes No

Yes No

Yes No

Home Phone _____

Mobile Phone _____

Work Phone _____

Have you worked
for us before?

Yes No

If yes, when?

If yes, under what name?

If yes, what position(s) did you hold?

Position Desired

Type of work you are applying for:

Laborer

Maintenance
Technician

Dispatch

Technician's
Assistant

Installation
Technician

Customer
Service Rep

Shop

Service
Technician

Office

Sales

Managerial

Type of schedule:

Part-Time

Regular

Full-Time

Temporary

Days

Seasonal (i.e.,
summer)

Nights

Weekends

Any

Other (describe): _____

Date Available: _____

How did you select Heritage Aire? (Please name any employee, advertisement, etc.)? _____

If you receive a conditional offer of employment,
can you provide verification of your identity and
legal right to work in the United States?

Yes No

Have you ever been convicted of a felony (Do not
identify convictions that have been sealed, expunged,
dismissed, pardoned, or otherwise eradicated)?

Yes No

Do you have any physical limita-
tions that may inhibit your ability
to perform the tasks required of
the position you are applying for?

Yes No

If you are not a U.S. citizen,
what is your visa status?

Are you currently on
"lay off" status and
subject to a recall?

Yes No

Education

School Name	Location	Years Attended	Years Completed (Circle)				Diploma Or Degree (Circle)		Major Field of Study
			9	10	11	12	Y	N	
_____	_____	_____	High School				Y	N	_____
_____	_____	_____	Trade School				Y	N	_____
_____	_____	_____	College				Y	N	_____
_____	_____	_____	Grad School				Y	N	_____
_____	_____	_____	Other				Y	N	_____

Post Graduate Training Or Certifications	Date	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Technical/Computer Skills

Office/Software

- Microsoft Publisher
- Microsoft Excel
- Microsoft Access
- Microsoft Word
- Quick Books Pro
- Adobe Photoshop
- Switchboard
- 10-Key
- Bookkeeping
- Load Calculation
- Other: _____

HVAC

- | | | |
|--------------------------|--------------------------|--------------------------|
| Service | Install | |
| <input type="checkbox"/> | <input type="checkbox"/> | Air Conditioning |
| <input type="checkbox"/> | <input type="checkbox"/> | Air Distribution |
| <input type="checkbox"/> | <input type="checkbox"/> | Air to Air Heat Pump |
| <input type="checkbox"/> | <input type="checkbox"/> | Gas Warm Air Heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Oil Warm Air Heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydronic Gas Heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydronic Oil Heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Light Refrigeration |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial Refrigeration |
| <input type="checkbox"/> | <input type="checkbox"/> | Chillers |
| <input type="checkbox"/> | <input type="checkbox"/> | Control Systems |

Job Skills

- Brazing
- Welding
- Electrical
- Sheet Metal
- Carpentry
- Other: _____

Licenses

- HVAC Contractor
- Plumbing Journeyman
- Master Plumber
- Electrical
- Other: _____

Work History

Employer (Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	If Still Employed By This Company, May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Address
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Driving Information

Only applicants for technician positions that require the use of company vehicles should complete the following. Other applicants should skip this section.

Do you have a current driver's license?

Yes No

State

License

Expiration Date

Has your driver's license ever been suspended for any reason?

Yes No

If Yes, Please Explain

Do you have personal automobile insurance?

Yes No

Insurance Company

Has your personal automobile insurance ever been cancelled?

Yes No

If Yes, Please Explain

List all moving traffic violations from the past five years.

Offense

Date

Location

Offense

Date

Location

Offense

Date

Location

Offense

Date

Location

Offense

Date

Location

Work Availability

Do you have any objections to working overtime?

Yes No

Do you have any objections to being on call?

Yes No

If needed, would you be able to work overtime with little notice?

Yes No

Can you work on Saturday?

Yes No

Can you work on Sunday?

Yes No

Supplemental Information

Please describe any additional training, qualifications, or other factors we should be aware of.

References

Please list the names and contact information of two personal or business references who we may be able to contact. Do not list relatives. School or volunteer related references may be listed.

1.

Name

Phone Number, Including Area Code

Address

How Acquainted

2.

Name

Phone Number, Including Area Code

Address

How Acquainted

Emergency Contact

Name

Relationship

Address

Phone Number, Including Area Code

City

State

Zip

Applicant's Statement

By signing this application, I agree to the following:

Acknowledge By
Initialing

I declare that the information I have provided in this employment application is complete and truthful to the best of my knowledge. I acknowledge and agree that omitting information or providing false information on this application would be grounds for refusal to hire or termination, if hired.

Acknowledge By
Initialing

I understand that nothing in this employment application, nor anything said to me by any representative of Heritage Aire Corporation during the interview process or afterwards shall constitute a contract of employment or other employment rights.

Acknowledge By
Initialing

I authorize Heritage Aire Corporation to investigate and validate the information provided on this application and give permission to any people or organizations listed on this application to provide Heritage Aire with any and all information regarding prior employment, education, and other pertinent information they might have, whether personal or otherwise. I release all parties from any liability for damage that might result from the utilization of this information.

Acknowledge By
Initialing

If hired, I authorize Heritage Aire Corporation to provide my employment record and other information surrounding my employment to prospective employers, government agencies, or other parties with an interest that Heritage Aire at its sole discretion deems appropriate.

Acknowledge By
Initialing

If I am employed by Heritage Aire Corporation, I agree to conform to Heritage Aire rules, regulations, and policies as described in the employee handbook and other documents. I understand that these rules and regulations may be modified, discarded, or amended by Heritage Aire, at any time, without prior notice, at the sole discretion of Heritage Aire management. I agree to conform to any changes in Heritage Aire's rules, regulations, and policies.

Acknowledge By
Initialing

If employed by Heritage Aire Corporation, I acknowledge that my employment is completely "at will." My employment with Heritage Aire Corporation may be terminated with or without cause, at any time, by me or by Heritage Aire.

Acknowledge By
Initialing

I acknowledge that no representative or employee of Heritage Aire has the authority to create or enter into an agreement for employment with me for a set time period or assurance of any benefits beyond the terms and conditions described in the employee handbook.

Acknowledge By
Initialing

I agree to a physical examination, psychological examination, and drug testing before the start of employment or following employment, at the discretion of Heritage Aire Corporation.

Signature

Date