

THERMAL EQUIPMENT APPLICATION

HVAC COMMERCIAL & INDUSTRIAL EQUIPMENT

680 Bizzell Drive – Lexington KY 40510

Attn: Molly Gladdis – Human Resources – molly@ThermalEQ.com

www.ThermalEO.com

EMPLOYMENT APPLICATION					
It is the policy of Thermal Equipment to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.					
1. APPLICANT INFORMATION					
Applicant Name:					
Address:					
City/State/Zip:					
Number of years at this address:					
Daytime / Evening Phone:					

Social Security Number: Driver's License (State/Number):

2. **EMERGENCY CONTACT**

Who should be contacted if you are involved in an emergency?

Contact Name:

Relationship to you:

Address:

City/State/Zip:

Daytime / Evening Phone:

- 3. JOB POSITION APPLYING FOR
- **SALARY DESIRED** 4.
- \$ per
- 5. WHO REFERRED YOU TO OUR COMPANY?
- HAVE YOU APPLIED TO OUR COMPANY PREVIOUSLY? 6.

Yes No

7. ARE YOU AT LEAST 18 YEARS OLD?

Yes No

HOW WILL YOU GET TO WORK? 8.

9.	IF APPLICABLE, ARE YOU AVAILABLE TO WORK OVERTIME?				
Yes	No				
10.	D. IF YOU ARE OFFERED EMPLOYMENT, WHEN WOULD YOU BE AVAILABLE TO BEGIN WORI				
11.	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?				
Yes	s No				
12. ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB POSITION W WITHOUT REASONABLE ACCOMODATIONS?					
Yes	No				
	WHAT REASONABLE ACCOMODATIONS, IF ANY, WOULD YOU REQUIRE?				
13.	B. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, INCLUDING TRAFFIC VIOLATIONS?				
Yes	No				
	IF YES, PLEASE DESCRIBE:				
14.	APPLICANT EMPLOYMENT HISTORY (LIST MOST RECENT EMPLOYMENT FIRST):				
Emplo	oyer Name:				
Super	rvisor Name:				
Addre	ess:				
City/S	State/Zip:				
Job D	Outies:				
Reaso	on for Leaving:				
Dates	s of Employment (Month/Year):				
Emplo	oyer Name:				
Super	rvisor Name:				
Addre	ess:				
City/S	State/Zip:				
Job D	Outies:				
Reaso	on for Leaving:				
Dates	s of Employment (Month/Year):				
Emplo	oyer Name:				
Super	rvisor Name:				
Addre	ess:				
City/S	State/Zip:				
Job D	Outies:				
Reaso	on for Leaving:				
Dates	of Employment (Month/Year):				

15. APPLICANT'S EDUCATION AND TRAINING College/University Name and Address: Degree Received: High School/GED Name and Address: Degree Received: Other Training: Awards, Honors, Special Achievements: Military Service Yes No Branch: Specialized Training: 16. REFERENCES List any two people who would be willing to provide a reference for you. Name: Address: City/State/Zip: Phone: Relationship: Name: Address: City/State/Zip: Phone: Relationship: 17. PLEASE PROVIDE ANY OTHER INFORMATION THAT YOU BELIEVE SHOULD BE CONSIDERED:

Certification – I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, of if employment commences, immediate termination. I authorize Thermal Equipment to contact former employers and educational organization regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education. If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Human Resources Manager, the employment relationship will be "atwill". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Thermal Equipment, except in a specific written contract of employment signed on behalf of the organization by its Human Resources Manager, has the power to alter or vary the voluntary nature of the employment relationship.

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	1 AND I UNDERSTAIND	AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE: DATE: