



**Heating & Air Conditioning**

# APPLICATION FOR EMPLOYMENT

Pre-employment questionnaire  
An Equal Opportunity Employer

708-448-1929

## PERSONAL INFORMATION:

- First name: \_\_\_\_\_ ■ Last name: \_\_\_\_\_
- Street address: \_\_\_\_\_ ■ City: \_\_\_\_\_ ■ State: \_\_\_\_\_
- Zip: \_\_\_\_\_ ■ Phone: \_\_\_\_\_ ■ Mobile phone: \_\_\_\_\_
- Are you 18 years or older?: \_\_\_\_\_ ■ Are you legally authorized to work in the U.S.: \_\_\_\_\_
- Email address: \_\_\_\_\_ ■ Today's Date: \_\_\_\_\_
- Valid Driver's License:  YES  NO ■ In-Person Interview  YES  NO

## DESIRED EMPLOYMENT:

- Position: \_\_\_\_\_ ■ Date you can Start: \_\_\_\_\_ ■ Desired Salary: \_\_\_\_\_
- Are you currently employed: \_\_\_\_\_ ■ May we contact your present employer?: \_\_\_\_\_
- Have you ever been employed by Polar Heating and Air Before?: \_\_\_\_\_
- How did you find out about this position?: \_\_\_\_\_
- Employment agency: \_\_\_\_\_ ■ Newspaper advertising: \_\_\_\_\_ ■ Friend: \_\_\_\_\_
- State employment agency: \_\_\_\_\_ ■ College placement service: \_\_\_\_\_ ■ Walk in: \_\_\_\_\_
- Other: \_\_\_\_\_

## EDUCATION:

- High School: \_\_\_\_\_ ■ Graduated: \_\_\_\_\_
- College: \_\_\_\_\_ ■ Graduated: \_\_\_\_\_
- Trade, Business, or Correspondence School: \_\_\_\_\_ ■ Graduated: \_\_\_\_\_

## FORMER EMPLOYERS - 1

■ Name of previous employer: \_\_\_\_\_

■ Address: \_\_\_\_\_ ■ City: \_\_\_\_\_ ■ State: \_\_\_\_\_ ■ Zip: \_\_\_\_\_

■ Start date: \_\_\_\_\_ ■ Leave date: \_\_\_\_\_ ■ Job title: \_\_\_\_\_

■ Weekly start salary: \_\_\_\_\_ ■ Weekly final salary: \_\_\_\_\_

■ May we contact your supervisor?: \_\_\_\_\_ ■ Name of supervisor?: \_\_\_\_\_

■ Supervisor title: \_\_\_\_\_ ■ Supervisor phone number: \_\_\_\_\_

■ Description of work: \_\_\_\_\_  
\_\_\_\_\_

■ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

## FORMER EMPLOYERS - 2

■ Name of previous employer: \_\_\_\_\_

■ Address: \_\_\_\_\_ ■ City: \_\_\_\_\_ ■ State: \_\_\_\_\_ ■ Zip: \_\_\_\_\_

■ Start date: \_\_\_\_\_ ■ Leave date: \_\_\_\_\_ ■ Job title: \_\_\_\_\_

■ Weekly start salary: \_\_\_\_\_ ■ Weekly final salary: \_\_\_\_\_

■ May we contact your supervisor?: \_\_\_\_\_ ■ Name of supervisor?: \_\_\_\_\_

■ Supervisor title: \_\_\_\_\_ ■ Supervisor phone number: \_\_\_\_\_

■ Description of work: \_\_\_\_\_  
\_\_\_\_\_

■ Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

## FORMER EMPLOYERS - 3

- Name of previous employer: \_\_\_\_\_
- Address: \_\_\_\_\_ ■ City: \_\_\_\_\_ ■ State: \_\_\_\_\_ ■ Zip: \_\_\_\_\_
- Start date: \_\_\_\_\_ ■ Leave date: \_\_\_\_\_ ■ Job title: \_\_\_\_\_
- Weekly start salary: \_\_\_\_\_ ■ Weekly final salary: \_\_\_\_\_
- May we contact your supervisor?: \_\_\_\_\_ ■ Name of supervisor?: \_\_\_\_\_
- Supervisor title: \_\_\_\_\_ ■ Supervisor phone number: \_\_\_\_\_
- Description of work: \_\_\_\_\_  
\_\_\_\_\_
- Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

NAME	ADDRESS	BUSINESS	PHONE

## MILITARY SERVICE RECORD

- Have you ever served in the U.S. Armed Forces?: \_\_\_\_\_
- Branch of service: \_\_\_\_\_ ■ Discharge date: \_\_\_\_\_ ■ Rank: \_\_\_\_\_

**■ Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offence (other than a minor traffic violation)?:**

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**A conviction record will not necessarily exclude you from consideration. This information will be used only for job related purposes and only to the extent permitted by law.**

## **AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Unless it is in writing and signed by an authorized company representative. This waiver does not permit the release of use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant Federal and State Laws.

**■ Signature:** \_\_\_\_\_ **■ Date:** \_\_\_\_\_

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