



APPLICATION FOR EMPLOYMENT

Read Before Starting Application

Scottsdale Air Heating & Cooling, is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify a representative of the organization.

Signature

Date

GENERAL INFORMATION

Please Print or Type

Name

Social Security Number

Street Address

(Area Code) Telephone Number

City

State

Zip Code

E-Mail Address

Referred By: _____

*** All Questions Must Be Answered**

*Have you ever been employed by this Company? ___ Yes, When _____ ___ No *Are you personally acquainted with anyone identified with this Company? ___ Yes ___ No *If yes, give name _____ Related/How? _____

*Are you 18 years of age or older..... ___ Yes ___ No

*Can you provide evidence of a valid Drivers License if necessary?..... ___ Yes ___ No

* Can you work overtime if necessary?..... ___ Yes ___ No

*Have you ever been convicted of a crime in the last 7 years?..... ___ Yes ___ No

*If yes, please explain (*a conviction will not automatically bar employment*) _____

*Date Available to Start Work _____ *Salary Desired _____

*Are you a United States citizen or do you otherwise have legal authorization to work in the United States, which is not limited to one particular employer? ___ Yes (*proof of authorization to work will be required upon employment*)
___ No

EMPLOYMENT RECORD

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs (use additional paper if necessary).

Former Employer(s)	Dates (Mo./Yr.)	Describe Position & Duties
(1) Company Name:	From To	
Address	Salary	
Supervisor Name Telephone #	Reason for Leaving	
(2) Company Name:	From To	
Address	Salary	
Supervisor Name Telephone #	Reason for Leaving	
(3) Company Name:	From To	
Address	Salary	
Supervisor Name Telephone #	Reason for Leaving	

Account for all periods of Unemployment for one month or more since you left school until the present time.

From (Mo./Yr.)	To (Mo./Yr.)	State What You Were Doing

May we contact your present employer? Yes No

If ever employed or attended school under a different name(s), please indicate _____

EDUCATION RECORD

<u>Name</u>	<u>Location (Street, City, State, Zip)</u>	<u>Course/ Major</u>	<u>Years Completed</u>	<u>If Graduated, Degree</u>
High School				
Technical/Business School				
College/University				
Graduate School				

SKILLS

Use the space below to describe your skills and aptitudes that are related to the job for which you are applying. You may include civic and community activities, professional societies in which you participate, and special training or skills, if you believe these to be relevant.

REFERENCES

Give three (3) names and addresses of any business and/or professional references.

<u>Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Occupation</u>

AUTHORIZATION AND RELEASE

In accordance with the Fair Credit Reporting Act, Scottsdale Air Heating & Cooling may obtain a consumer report on all individuals who apply for new employment or current employees for retention or promotion. Upon my written request, I have the right to obtain a disclosure of the nature and scope of the report.

I hereby authorize Scottsdale Air Heating & Cooling who is the potential employer, to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such

Signature

Date

Read Before Signing.

I certify that the facts set forth in this application are true, correct and complete without mis-representations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

I hereby release from any and all liability representatives of the Company, for their acts performed in connection with evaluating my application, background, credentials and qualifications. I understand that if any of the information on this application form is discovered to be incorrect, false, misleading, now or at a later date, or if there are any misrepresentations or omissions of any kind whatsoever, then the Company may deny me employment or terminate my employment, and I agree that the Company shall not be liable in any respect if it does so.

I also understand that my employment at the Company is contingent upon the satisfactory results of a drug test and it may include a physical examination and an investigation of my work record, driving record and references. I consent to a pre-employment physical examination and such job-related future examinations as may be required by the Company, each of which may include drug screens as required.

I understand that if I am employed, any such employment is not binding on either party for any specific period of time. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, which means that, I will be an Employee-At-Will.

I further understand that if I am employed, no representative of the Company, other than the President/CEO of Scottsdale Air Heating & Cooling, has any authority to enter into any agreement for employment for any specified period of time and any such agreement must be in writing and signed by the President/CEO.

I hereby acknowledge that I have read and fully understand the above statements, and that I seek employment under these conditions. I also acknowledge that all of the representations I have made in this application are true.

Signature

Date

AUTHORIZATION FOR DRUG/ALCOHOL TESTING

Scottsdale Air Heating & Cooling (Company), has a vital interest in maintaining safe, healthful and efficient working conditions for its employees and customers. Illegal drugs pose a serious threat to the health and safety of the user and to others. Therefore, all applicants considered for employment at the Company may be required to submit to a drug-screening test after receiving a conditional offer of employment. Employees will be tested when reasonable cause exists to believe an employee may be using or under the influence of drugs or alcohol, and in the other circumstances listed in the Company's Drug and Alcohol Policy.

Please carefully read the following statements before signing this form:

I hereby give my consent to the Company to which I am applying for employment or by which I am employed, to collect (or contract to collect) blood or urine samples from me to determine the presence or use of alcohol, and/or controlled substances (including, without limitation, cocaine, marijuana, barbiturates, phencyclidine (PCP), amphetamines, opiates and benzodiazepines). Further, I give my consent for the release of the test results and other relevant medical information to the Company management and any physician(s) designated by the Company for determination of my eligibility for employment.

I understand that if the results of the drug test are positive, I will be given an opportunity to discuss the positive result and any reasonable explanation with a Medical Review Officer.

I understand that if a positive result is caused by medications prescribed by an accredited physician for the treatment of a current condition, the Medical Review Officer may verify the circumstances of use with the physician. I hereby authorize my prescribing physician to disclose such information as may be requested, and will execute any additional consents as are necessary to obtain the release.

I understand that if positive test results are caused by drugs that are not part of a currently prescribed medical treatment program, or if I refuse to sign this Authorization or cooperate fully in the specimen collection process, or I switch or adulterate a test sample, I will not be hired, or if an employee, I will be subject to discipline up to and including discharge. If not hired, I will not be eligible to apply for employment within the Company for one year. I understand that if prescribed medication will adversely affect my ability to perform my job, my application may be deferred, or rejected, or, if an employee, my employment may be suspended or terminated, as appropriate. I release and discharge the Company, its Directors, Officers and agents from any claim or liability arising from the tests described above, including the test process and procedures, the analysis and disclosure of the results.

Signature _____

Date _____

Print or Type Name _____

Social Security Number _____

Installers/Service Technicians

I am interested in the following area(s):

- | | | |
|-------------------------|----------------------------------|----------------------|
| 1. ___ Installer | 2. ___ Service Technician | 3. ___ Either |
| a. ___ New Homes | a. ___ New Homes | |
| b. ___ Existing Homes | b. ___ Existing Homes | |
| c. ___ Either | c. ___ Either | |

1. In order to perform the job functions for the above positions, you will be required to provide or purchase a basic tool set at a cost of approximately \$300.00.

___ I currently possess the basic tools.

___ I do not have the basic tools but I will purchase them.

___ I do not have the basic tools and I do not have the means to purchase them.

2. I do ___ I do not ___ possess the ability to skillfully and safely use basic hand and power tools.

3. I am ___ I am not ___ able to meet the physical requirements to consistently climb a ladder and work at heights of 8 feet or above with or without reasonable accommodation.

4. I am ___ I am not ___ able to meet the lifting requirements of up to 100 pounds with or without reasonable accommodation.

5. I am ___ I am not ___ able to work under conditions that consistently requires me to work in extreme heat and in small/cramped spaces.

6. I am ___ I am not ___ Freon Certified.

7. Languages in which you are fluent ___ English ___ Spanish ___ Other(s) _____

8. **Technicians Only** - In addition to the basic tools required, I can provide the following tools to further assist me in performing my work assignments. _____

Applicant Signature

Date

Print Name