



Application for Employment - Date _____

Pre-employment Questionnaire – Equal Opportunity Employer

Personal Information

Name	Social Security Number		
Address	City	State	Zip Code
Phone Number	Secondary Phone Number		Referred by

Position Desired (please check all that apply)

- Installation Technician
 Service Technician
 Maintenance Technician
 Sales
 Office
 Other (please describe) _____

Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, may we contact your current employer? <input type="checkbox"/> yes <input type="checkbox"/> no	Are you legally authorized to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever worked for this company before? <input type="checkbox"/> yes <input type="checkbox"/> no	Please provide details:	

Work History (Please list starting with most recent first, please use an additional sheet if needed)

Date Month and Year	Name/Address/Phone Number of Employer	Salary	Position and Duties	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Education History

	Name and Location	Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade/Business School				
Other				

References

Professional References (no relatives please)			
Name	Address and Phone Number	Business	Years known
Personal References (no relatives please)			
Name	Address and Phone Number	How you are acquainted	Years known

Please describe any additional training, qualifications, or other factors that Dyess Heating and Air should be aware of:

Please attach resume to this document (if applicable).

"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 and 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 release or use of disability-related or medication information in a manner prohibited by the Americans with Disabilities (ADA) and other relevant Federal and state laws."

Date _____ Signature _____