

McCoy's

Heating & Air Conditioning, Inc.

*McCoys Heating & Air
138 Mill Masters Drive
Jackson, TN 38305
(731)668-7492 or fax (731)668-4918*

EMPLOYMENT APPLICATION

In the event of employment with McCoys Heating & Air, Inc. I understand that false or misleading information given in my application, interview(s) and/or pre-employment physical will result in discharge.

All applicants will be required to take a pre-employment drug screen and physical before being hired.

Signature: _____

Printed name: _____

Date: _____

Application for Employment

[We consider applicants for all positions without regard to race, color, religion, gender, national origin, disabilities or any other legally protected status]

(PLEASE PRINT)

Positions (s) Applied For

Date of Application

How did you learn about us?

Advertisement Friend Walk-in

Employment Agency Relative Other _____

Last name

First name

Middle name

Address

City

Zip

Telephone number(s)

Social Security Number

Home

Cell

____(____)_____

____(____)_____

____-____-_____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes _____ No _____

Have you ever filled out an application with us before? If **yes**, give date, _____

Yes _____ No _____

Have you ever been employed with us before? If **yes**, give date, _____

Yes _____ No _____

Are you currently employed?

Yes _____ No _____

May we contact your present employer?

Yes _____ No _____

Have you ever been fired or had employment terminated? If **yes**, give date(s) and circumstances, Yes _____ No _____

Have you ever had any Federal or civil convictions? If **yes**, list date(s), circumstances and charge(s). Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of visa or Immigration Status? Yes _____ No _____

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: _____ Full time _____ Part time _____ Shift work _____ Temporary

Are you currently on "lay-off" status and subject to recall? Yes _____ No _____

Can you travel if a job requires? Yes _____ No _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organization, which indicate race, color, age, ancestry, religion, gender, national origin, disabilities or other protected status.

<p>1. Employer:</p> <p>Address:</p> <p>Telephone numbers:</p> <p>Job Title:</p> <p>Supervisor:</p> <p>Reason for leaving:</p>	<p><u>Dates employed:</u></p> <p>From: To:</p> <p><u>Hourly-rate/Salary:</u></p> <p>Starting:</p> <p>Final:</p>	<p><u>Work Description:</u></p>
<p>2. Employer:</p> <p>Address:</p> <p>Telephone numbers:</p> <p>Job Title:</p> <p>Supervisor:</p> <p>Reason for leaving:</p>	<p><u>Dates employed:</u></p> <p>From: To:</p> <p><u>Hourly-rate/Salary:</u></p> <p>Starting:</p> <p>Final:</p>	<p><u>Work Description:</u></p>
<p>3. Employer:</p> <p>Address:</p> <p>Telephone numbers:</p>	<p><u>Dates employed:</u></p> <p>From: To:</p> <p><u>Hourly-rate/Salary:</u></p>	<p><u>Work Description:</u></p>

Job Title: Supervisor: Reason for leaving:	Starting: Final:	
4. Employer: Address: Telephone numbers: Job Title: Supervisor: Reason for leaving:	<u>Dates employed:</u> From: To: <u>Hourly-rate/Salary:</u> Starting: Final:	<u>Work Description:</u>

List professional, trade, business or civic activities and offices held, excluding membership which would reveal gender, race, religion, national origin, ancestry, disability or other protected status:

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate				
College				
Vocational School				

Indicate any foreign language you can speak, read or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training apprenticeship or skills that you have.

Describe any job-related training received in the United States military.

Additional Information

Other Qualifications

Summarize special related skills and qualifications from employment or other experience.

Specialized skills

____ Computer Software (certification/used): ____ Microsoft Word; ____ Microsoft Excel;
____ Microsoft Powerpoint; ____ Microsoft Project
____ Microsoft Access; ____ Other

____ Machinery/Equipment Operator: (List equipment/machinery qualified on):

Other (list): _____

Note to applicants: Do not answer this questions unless you have been informed about the requirements of the job for which you applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

____ Yes ____ No

References

1. _____ (_____) _____
(Name) Phone Number

(Address)

2. _____ (_____) _____
(Name) Phone Number

(Address)

3. _____ (_____) _____
(Name) Phone Number

(Address)

4. _____ (_____) _____
(Name) Phone Number

(Address)

5. _____ (_____) _____
(Name) Phone Number

(Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any Applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

IN the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PRESIDENT/MANAGER/SUPERVISOR USE ONLY

Recommend:

Hire Do not Hire Salary rate: Hourly: _____

Remarks/comments (from interview):

President/Manager/Supervisor initials: _____ Date: _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Interview Arranged Yes ___ No ___ Date: _____ Time: _____

Interview with: _____

New Hire Reporting form faxed to Tennessee Hire Reporting Program: Yes ___ No ___

Received copy of EPA certification card (for Technicians only): Yes ___ No ___

Received copy of Driver's License: Yes ___ No ___

Received copy of Visa/Passport (if required): Yes ___ No ___

Received copy of Birth Certificate (if required): Yes ___ No ___

Received copy of Social Security Card: Yes ___ No ___

Background Check Completed: Yes ___ No ___ Date completed: _____

References Checked: Yes ___ No ___ Date completed: _____

Hired ___ Not Hired ___ Date Hired: _____

Hourly rate: _____

Remarks

Human Resources Dept initials: _____ Date: _____