

Alpine Climate Control, Inc.

This application must be filled out in ink. Please return the completed application to our office at 800 East Burkitt or mail it to PO Box 6067 in Sheridan, WY 82801.

*** CURRENT DMV REQUIRED ***

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

APPLICATION FOR EMPLOYMENT

P E R S O N A L E D U C A T I O N	Last name		First	Middle	Date	
	Street Address				Home Phone () -	
	City, State, Zip				Business Phone () -	
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year: _____ Location _____				Social Security Number	
	Position Desired				Pay Expected	
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you legally eligible for employment in the United States?				When will you be available to begin work? _____	
	Other special training or skills (languages, machine operation, etc.)				Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	How did you learn of our organization?					
	Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what can be done to accommodate your limitation?					
SCHOOL		NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
High					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other					<input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST YOUR TRADE LICENSES WITH THEIR EXPIRATION DATES

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS <small>(EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, OR NATIONAL ORIGIN)</small>

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COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

Describe your duties and any special training

Branch of Service

Rank at Discharge

DO NOT ANSWER ANY QUESTIONS IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the questions, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability.

What was your previous address? _____

How long at present address? _____ years

How long at previous address? _____ years

Have you ever been bonded?

Yes No If yes, with what employer?

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If yes, describe in full:

State names of relatives and friends working for us other than your spouse.

Please give the name, address and phone number of three references not related to you:

1. _____
2. _____
3. _____

A drug screening will be required prior to being hired. Please sign to acknowledge that you agree with this pre-employment requirement.

Signature _____ Date _____

Any other information you feel pertains to your qualifications for the position:

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The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of any offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	() - Employed (State Month and Year)
	Name of Supervisor	From To Weekly Pay
	State Job Title and Describe Your Work	Start Last Reason for Leaving
2	Company Name	Telephone
	Address	() - Employed (State Month and Year)
	Name of Supervisor	From To Weekly Pay
	State Job Title and Describe Your Work	Start Last Reason for Leaving
3	Company Name	Telephone
	Address	() - Employed (State Month and Year)
	Name of Supervisor	From To Weekly Pay
	State Job Title and Describe Your Work	Start Last Reason for Leaving
4	Company Name	Telephone
	Address	() - Employed (State Month and Year)
	Name of Supervisor	From To Weekly Pay
	State Job Title and Describe Your Work	Start Last Reason for Leaving
5	Company Name	Telephone
	Address	() - Employed (State Month and Year)
	Name of Supervisor	From To Weekly Pay
		Start Last