Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE GMC Air Conditioning Services LLC 4100 N. Powerline Road STE U-5 Pompano Beach, FL 33073 APPLICATION FOR EMPLOYMENT Please Fax to (954) 970-9817

APPLICANTS ARE REQUIRED TO SUBMIT TO DRUG & BACKGROUND SCREENING

PLEASE COMPLI	ETE PAGES 1-5.	DATE				
Name						
	Last	First	Mi	ddle	Maiden	
Present address						
	Number	Street	City	State Zip		
How long			Social Secur	ity No		
Telephone ()		Emerge	ency Cont	act		
lf under 18, please	e list age	•	-			
			Days/ho	ours availab	le to work	
	r (1)				Fhur	
	(2)		Mon _		Fri	
(Be specific)			I ue		Sat Sun	
			weu _		Suit	
How many hours can you work weekly?			Can yo	ou work nigh	ts?	
Employment desire	ed GFULL-TIME ONLY	□PART-T	IME ONLY	GFULL-	OR PART-TIME	
When available for	r work?					

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School		autessy		
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

🗆 No

Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

PLEASE PRINT ALL	GMC Air Cor
INFORMATION REQUESTED EXCEPT SIGNATURE	4100 N. Po
	Pompan

What is your Driver's licen number Expiration da		insportat	ion to wor							
number Expiration da	se			К?						
				_ State o	f issue _	[Operator	Com	mercial (CDL)	□Chauffeur
							·			
Have you had Have you had	d any accide			-					•	
Trave you had		y violatio		ine pasi i	1				any?	
					OFFI					
Typing	□ Yes □ No		_WPM		10-key	□ Yes □ No	Word Proces	sing	□ Yes □ No	WPM
Personal	Yes	PC								
Computer	□ No	Mac				Skills				
Please list tw	o references	other th	an relative	es or prev	vious emp	loyers.				
Name				·		Name				
Position										
Company _										
Address										
						_				
Telephone ()					Telephone	()			
	to summariz								plete backgrou s for the speci	und. Use the ific position for

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GMC Air Conditioning Services LLC 4100 N. Powerline Rd. STE U-5 Please Fax to (954)-970-9817

Pompano Beach, FL 33073

APPLICATION FOR EMPLOYMEN

Work experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.				
Name of employ City, State, Zip (ver Address Code Phone number	Name of last supervisor	Employment dates	Pay or salary	
			From	Start	
			То	Final	
		Your last job title	•		
Reason for leav	ing (be specific)				
List the jobs you company.	ı held, duties performed, skills used or learned,	advancements or pro	omotions while you wo	rked at this	
Name of employ Address		Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip (Phone number	Code		From	Start	
			То	Final	
Your last job title					
Reason for leav	ing (be specific)				
company.	ı held, duties performed, skills used or learned,	advancements or pro		Red at this	
Name of employ Address		Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip (Phone number	Code		From	Start	
			То	Final	
		Your last job title			
Reason for leav	ing (be specific)				
List the jobs you company.	ı held, duties performed, skills used or learned,	advancements or pro	omotions while you wo	rked at this	
May we contact	your present employer?	🗆 Yes 🗖 No			
Did you complet	e this application yourself	🗆 Yes 🗖 No			
If not, who did?					

PLEASE READ CAREFULLY GMC Air Conditioning Services LLC 4100 N. Powerline Rd. STE U-5 Pompano Beach, FL 33073 APPLICATION FORM WAIVER

In exchange for the consideration of my job application by ______ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ______, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and ______ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant_	Date:
• · ·	

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlaw ful criteria.

To be completed by applicant on a voluntary basis. Not for interview purpose. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICKLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is <u>not</u> a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in applicable and regulations.

Please Print

Position(s) applied for:			Date	//	
REFERRAL SOURCE					
Walk-in	Governmen	t Employment Agency	y Private	e Employment Agency	
Employee	Relative		Schoo	bl	
Advertisement – Sour	rce	Other			
Name of person who referre	d vou (if applicab	ام)			
APPLICANT INFORMATION					
Name [.]			Telephone ()		
Name:Last	First	Middle			
Address:St					
		City	State	Zip	
Male Fema	le				
American Indian/Alas	kan Native	Asian/Pa		Multiracial ving parents of different races)	
FOR ADMINISTRATIVE U	SE ONLY				
Position(s) applied for	_Available	Not Available			
Other positions considered	l for				
HiredYES			Data (1		
Position hired for					
From the EEO job classific			•		
Official and Manager			•	,	
Professionals			rkers Labore	· ,	
Technicians		m vvorkers (skilled)	Service	3 VVOrkers	
Notes:					
Completed by:					