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www.mikesAC.com

## **EMPLOYMENT APPLICATION-FIELD**

POSITION APPLYING FOR		DATE	DATE		
FIRST NAME	MI	LAST NAME			
		27 (01 1 0 (1))			
ADDRESS	CITY	STATE ZIP			
		• · · · · · · · · · · · · · · · · · · ·			
HOME PHONE #		CELLULAR PHONE #	CELLULAR PHONE #		
EMAIL ADDRESS					
EDUCATION & SKILLS:					
EBOCATION & SKILLS.	<u> </u>				
HIGH SCHOOL		GRADHATED/GEDS	GRADUATED/GED?		
THOM SCHOOL		ON NOOTHED, OLD :			
COMMERCIAL OR TRADE SCHOOL		PROGRAM COMPLETE	PROGRAM COMPLETED?		
			<u>- ·                                     </u>		
COLLEGE OR UNIVERSITY		DEGREE/MAJOR?	DEGREE/MAJOR?		
		·			
Computer Skills/Certifications(Please use additional paper if necessary)					
Please note special skills or experience which should be considered.					
EMPLOYMENT HISTORY:					
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1.) Employer	Position Held	Start/End Date
ype of Business		Start/End Date
Reason For Employment	Termination Supervisor's Nam	e and Phone number
2.) Employer	Position Held	Start/End Date
Type of Business		Start/End Date
Reason For Employment	Termination Supervisor's Nam	e and Phone number
<u>3.) Employer</u>	Position Held	Start/End Date
Type of Business		Start/End Date
Reason For Employment	Termination Supervisor's Nam	e and Phone number
<u>4.)</u> Employer	Position Held	Start/End Date
Type of Business		Start/End Date
Reason For Employment	Termination Supervisor's Nam	e and Phone number
Reference	Phone #	

Reference	Dh	one #		
Reference	11	OHE #		
Reference	Dh	one #		
Reference	ГІ	one #		
<u>P</u>	<u>RE-EMPLOYMENT</u>	<u>INQUIRY RELEASE:</u>		
In connection with, and d you, I understand that in including consumer, crim include information as to with reasons for terminat understand that you will be agencies which maintain re- civil, and other experien companies.	nvestigative backg inal, driving, educe my character, work ion of past emplo be requesting inforr ecords concerning	round inquiries are to bation, and other reports. chabits, performance an yment from previous er nation from various federmy past activities relating	te made on myself These reports will dexperience along imployers. Further, I ral, state, and other to my driving, credit,	
TI				
This information will, in tota	i or in part, be obta	inea trom:		
the above mentioned info Conditioning and any Age any and all liability of what person.	ent acting on behal	f of Mike's Heating and A	ir Conditioning from	
Print Full Name		Birth Name		
Social Security Number		Date of E	Birth**	
Current Address		City/State/Zip		
Driver's License No.		State of Issuance		
Applicant Signature  **Date of Birth is being req	Date uested in order to o	Witness  btain accurate retrieval o	Date  f records**	
			2 2 2 2 2 2	
I certify that the statements made in this application are true and correct to the best of my knowledge and understand that providing false information could result in denial of				

employment or termination of my employment, if hired. <u>I understand that if I am employed,</u>
ny employment is "at will" and can be terminated at any time by myself or my employer
with or without cause. In addition, the first 3 months of my employment is considered to be probationary. I further understand that none of Mike's Heating and Air Conditioning personnel policies should be construed as a contract or as a guarantee of continued employment and that Mike's Heating and Air Conditioning may change policies, wages, penefits, or conditions at any time.
Applicant Signature Date