



# Application For Employment

American Refrigeration Supplies, Inc. is an equal opportunity employer and therefore prohibits job discrimination based upon race, religion, color, national origin, sex, age, disability or marital status.

## To The Applicant —

A DRUG URINALYSIS TEST administered by our designated testing laboratory is a REQUIRED PART OF THE APPLICATION PROCESS.

### Personal —

**PLEASE PRINT CLEARLY**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City State ZIP

Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Home Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell

Position(s) Applied For

1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

2. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Type of work?  Full-time or  Part-time. Specify days and hours if part-time \_\_\_\_\_

Have you worked for us before?  Yes  No If yes, when? \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Please indicate all the documents below that you possess in original format for the purpose of proving identity and citizenship.

- Drivers License or ID card issued by a state that includes a photograph
- ID card issued by the federal government that includes a photograph
- U.S. Social Security card issued by the Social Security Administration.
- Original or certified copy of birth certificate issued by a state, county, or municipality.
- U.S. Passport (unexpired or expired).
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551).

*If none, please explain on the last page of this application.*

Are you 21 years of age or over?  Yes  No

If you are UNDER 21 years of age, give date of birth \_\_\_\_\_

If you are applying for a position which may require you to drive on company business, have you had any driving citations or accidents within the last 5 years?  Yes  No *If yes, please explain on the last page of this application.*

# Employment History —

(LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

Dates		Employer's Name & Address	Salary	
<i>From</i>	<i>To</i>		<i>Start</i>	<i>Finish</i>
Supervisor's Name, Title & Phone #				
Title or Position Held				
Reason For Leaving				
Describe Your Job Duties				

Dates		Employer's Name & Address	Salary	
<i>From</i>	<i>To</i>		<i>Start</i>	<i>Finish</i>
Supervisor's Name, Title & Phone #				
Title or Position Held				
Reason For Leaving				
Describe Your Job Duties				

Dates		Employer's Name & Address	Salary	
<i>From</i>	<i>To</i>		<i>Start</i>	<i>Finish</i>
Supervisor's Name, Title & Phone #				
Title or Position Held				
Reason For Leaving				
Describe Your Job Duties				

Dates		Employer's Name & Address	Salary	
<i>From</i>	<i>To</i>		<i>Start</i>	<i>Finish</i>
Supervisor's Name, Title & Phone #				
Title or Position Held				
Reason For Leaving				
Describe Your Job Duties				

## Educational Background —

Name and Address of School	Special Course of Study	Number of Years Completed	Did You Graduate?	List Diploma or Degree
<b>High School —</b>				
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
<b>College —</b>				
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
<b>Post Graduate or Other (Specify) —</b>				
			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

## Other —

In the following space, please provide us with any additional information which you believe will assist us in evaluating your skills and qualifications for placement in the proper position in our company.

---



---



---



---



---



---



---

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are authorized to investigate and verify any information provided.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### — For Office Use Only —

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Outcome or Status \_\_\_\_\_

