



2015

Employment Application

An Equal Opportunity Employer

Date: ____ / ____ / ____

1. General Contact Information

- a. Last Name: _____ First Name: _____ Middle: _____
- b. Current Address: No. : _____ Street: _____
- c. City: _____ State: _____ Zip: _____
- d. E-mail Address: _____ @ _____
- e. Telephones: Home: (____) _____ - _____ Cell: (____) _____ - _____
- f. Permanent Address (if different from current address)
- g. No. : _____ Street: _____ City: _____ State: _____ Zip: _____

2. Position Applying For the Position of: _____

- a. Are you applying for: Regular full-time Yes No
- b. Regular part-time work? Yes No
- c. Temporary work? Yes No
- d. What days and hours are you available for work?
- e. Hours per week: _____ Hours per day: M T W T Fri. Sat. Sun.
- f. If applying for temporary work, during what period will you are available?
From: _____ To: _____
- g. Are you available for work on weekends? Yes No
- h. Would you be available to work overtime, if necessary? Yes No
- i. If hired, on what date can you start work? _____
- j. Desired Starting Salary: \$ _____
- k. How did you hear about us or find out about the position?

3. Personal Information

- a. Have you ever applied to or worked for FisherAir before? Yes No
If yes, when? _____
- b. Do you have any friends or relatives working for FisherAir? Yes No
If yes, state name(s) and relationship:
Name: _____ Relationship: _____
Name: _____ Relationship: _____
- c. Why are you applying for work at FisherAir? _____
- d. Do you have reliable means of transportation to and from work? Yes No

- e. Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No
- f. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No
- g. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No
- h. If no, describe the functions that cannot be performed:

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

- i. Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed) Yes No
If yes, state nature of the crime(s), when and where convicted, **and** disposition of the case below.

Note:

No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

- j. Are you currently employed? Yes No
If so, may we contact your current employer? Yes No

4. Education, Training, and Experience

School	Name	Years	Graduate?	Degree/Diploma
High School	_____	_____	N <input type="checkbox"/> Y <input type="checkbox"/>	_____
College	_____	_____	N <input type="checkbox"/> Y <input type="checkbox"/>	_____
College	_____	_____	N <input type="checkbox"/> Y <input type="checkbox"/>	_____

- a. Do you speak, write or understand any foreign languages? Yes No
If yes, which languages? _____
- b. Please provide below what qualifications and skills that you feel make you especially suited for becoming a FisherAir Team Member?
 - a. Qualifications: _____
 - b. Skills: _____

5. Employment History

List below all present and past employment **starting with your most recent employer** (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if you were unemployed during that time.

Name of Employer: _____ Dates of Employment: To: ____/____/____ Ended: ____/____/____
Telephone No. : (____) - ____ - ____
Type of Business: _____ Your Supervisor's Name: _____
Address: # ____ Street _____ City: _____ State: _____ Zip: _____
Your Position and Duties: _____ Pay: Starting: \$ ____ Ending: \$ ____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No
Contact Personal Name: _____ Phone (If different from above): (____) ext. ____ Email: _____@_____

Name of Employer: _____ Dates of Employment: To: ____/____/____ Ended: ____/____/____
Telephone No. : (____) - ____ - ____
Type of Business: _____ Your Supervisor's Name: _____
Address: # ____ Street _____ City: _____ State: _____ Zip: _____
Your Position and Duties: _____ Pay: Starting: \$ ____ Ending: \$ ____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No
Contact Personal Name: _____ Phone (If different from above): (____) ext. ____ Email: _____@_____

Name of Employer: _____ Dates of Employment: To: ____/____/____ Ended: ____/____/____
Telephone No. : (____) - ____ - ____
Type of Business: _____ Your Supervisor's Name: _____
Address: # ____ Street _____ City: _____ State: _____ Zip: _____
Your Position and Duties: _____ Pay: Starting: \$ ____ Ending: \$ ____
Reason for Leaving: _____
May we contact this employer for a reference? Yes No
Contact Personal Name: _____ Phone (If different from above): (____) ext. ____ Email: _____@_____

Name of Employer: _____ Dates of Employment: To: ____/____/____ Ended: ____/____/____
Telephone No. : (____) - ____ - ____
Type of Business: _____ Your Supervisor's Name: _____
Address: # ____ Street _____ City: _____ State: _____ Zip: _____

Your Position and Duties: _____ Pay: Starting: \$ _____ Ending: \$ _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Contact Personal Name: _____ Phone (If different from above): (_____) ext. _____ Email: _____ @ _____

Name of Employer:

Dates of Employment: To: ____/____/____ Ended: ____/____/____

Telephone No. : (____) - ____ - ____

Type of Business: _____

Your Supervisor's Name: _____

Address: # ____ Street _____

City: ____ State: ____ Zip: ____

Your Position and Duties: _____

Pay: Starting: \$ _____ Ending: \$ _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Contact Personal Name: _____ Phone (If different from above): (_____) ext. _____ Email: _____ @ _____

Name of Employer:

Dates of Employment: To: ____/____/____ Ended: ____/____/____

Telephone No. : (____) - ____ - ____

Type of Business: _____

Your Supervisor's Name: _____

Address: # ____ Street _____

City: ____ State: ____ Zip: ____

Your Position and Duties: _____

Pay: Starting: \$ _____ Ending: \$ _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Contact Personal Name: _____ Phone (If different from above): (_____) ext. _____ Email: _____ @ _____

Name of Employer:

Dates of Employment: To: ____/____/____ Ended: ____/____/____

Telephone No. : (____) - ____ - ____

Type of Business: _____

Your Supervisor's Name: _____

Address: # ____ Street _____

City: ____ State: ____ Zip: ____

Your Position and Duties: _____

Pay: Starting: \$ _____ Ending: \$ _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Contact Personal Name: _____ Phone (If different from above): (_____) ext. _____ Email: _____ @ _____

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If yes, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three-five years.

First Name: _____ Last Name: _____

Address St.: # _____ & Street: _____ City: _____ State: _____ Zip: _____

Contact Information: Phone _____ - _____ - _____ E-mail: _____ @ _____

Occupation: _____ No. of Years Acquainted: _____

First Name: _____ Last Name: _____

Address St. # _____ & Street: _____ City: _____ State: _____ Zip: _____

Contact Information: Phone: _____ - _____ - _____ E-mail: _____ @ _____

Occupation: _____ No. of Years Acquainted: _____

First Name: _____ Last Name: _____

Address St. # _____ & Street: _____ City: _____ State: _____ Zip: _____

Contact Information: Phone: _____ - _____ - _____ E-mail: _____ @ _____

Occupation: _____ No. of Years Acquainted: _____

Emergency Contact Information

In case of emergency, notify:

First Contact	Second Contact
First Name:	First Name:
Last Name:	Last Name:
Relationship:	Relationship:

Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

INITIAL HERE: _____

I hereby authorize FisherAir to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release FisherAir, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

INITIAL HERE: _____

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, (at-will) with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

INITIAL HERE: _____

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by FisherAir, I am entitled to copies of any such public records obtained by FisherAir unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

INITIAL HERE: _____

I waive receipt of a copy of any public record described in the paragraph above.

Date: _____ Applicant's Signature/Acknowledgement: _____

DISCLOSURE AND CONSENT CONCERNING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

This form, which you should read carefully, has been provided to you because FisherAir may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes.

Consumer Reports or Investigative Consumer Reports will be obtained from HireRight, Inc., ("HireRight") located at 2100 Main Street, Suite 400, Irvine, CA 92614. They can be contacted at 800-400-2761. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by HireRight from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

For California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

You are being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. section 1681(g)(c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights by contacting HireRight.

CONSENT

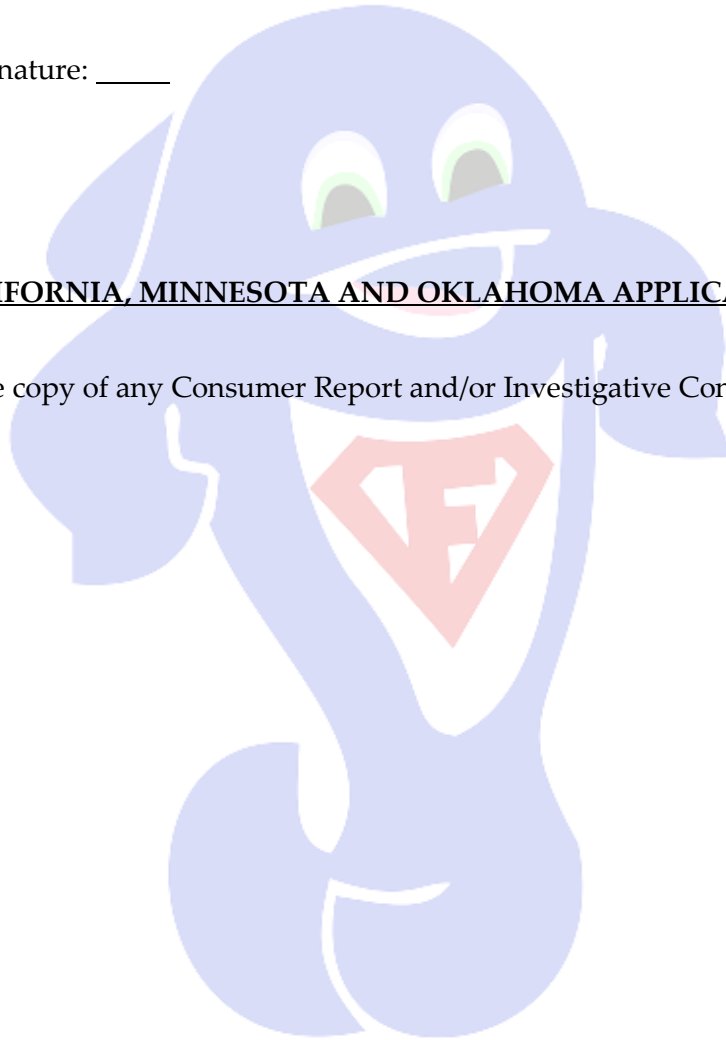
I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time. This Disclosure and Consent form in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

- a. Applicant Last Name _____ First _____ Middle _____
- b. Social Security # _____-_____-_____
- c. Date of Birth (for ID purposes only) _____-_____-_____MM/DD/YYYY
- d. Drivers License#: _____ Phone Number: _____-_____-_____
- e. Current Address: _____ City: _____ State: _____ Zip: _____

f. Applicant Signature: _____

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

- I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.



AFFIRMATIVE ACTION FORM

Date: ____ / ____ / ____

Name: ____

Furnishing information on this form is not required, but it is extremely helpful to our affirmative action activities. Please see page 2 for further information. You are invited to check all of the following that apply:

Ethnicity

- a. **CAUCASIAN** (not of Hispanic origin)
- b. **AFRICAN-AMERICAN** (not of Hispanic origin)
- c. **ASIAN OR PACIFIC ISLANDER**
(Chinese/Chinese-American, Japanese/Japanese-American, Filipino/Pilipino, Pakistani/East Indian, Other Asian)
- d. **NATIVE AMERICAN OR ALASKAN NATIVE**
- e. **HISPANIC**
Mexican/Mexican-American/Chicano, Latin-American/Latino, Spanish/Spanish-American, Other Hispanic (including individuals of African decent whose origins are Hispanic)
- f. **Gender** Female Male
- g. **Disability/Veteran status**
 - Vietnam Era Veteran (non-disabled)
 - Vietnam Era Veteran (disabled)
 - Disabled Person (non-veteran)
 - Non-Vietnam Era Veteran (disabled)

DECLINE TO STATE

I have read this form (AFFIRMATIVE ACTION FORM) and do not wish to provide the information requested.

Disability:

The following optional information is requested in connection with voluntary action efforts being taken by this company to increase participation of qualified disabled students in our programs and activities. The information will be kept confidential and will be used only in accordance with the implementing regulations to Section 504 of the Rehabilitation Act of 1973. Refusal to provide the information will not result in adverse treatment, and it is to be used solely for the purpose of recruitment.

Privacy Notification Statement: The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the company to provide the following information to individuals who supply information about themselves:

The principal purpose for requesting the information is for use in compiling statistical reports. This information may be used in limited circumstances by the company to achieve affirmative action objectives. Maintenance of the information is authorized by company policy.

Furnishing this information is voluntary. There is no penalty for not providing the information. Information furnished will be transmitted to State and Federal agencies if required by law.

Individuals have right of access to these records as they pertain to themselves.

In accordance with applicable State and Federal laws, FisherAir Heating & Air Conditioning Services does not discriminate in any of its policies, procedures, or practices on the basis of race, color, national origin, religion, sex, disability, age, veteran status, medical condition (as defined in Section 12926 of the California Evidence Code), ancestry, marital status, or sexual preference nor does the company discriminate on the basis of citizenship, within the limits imposed by law or company.

In conformance with applicable law and company policy, FisherAir Heating & Air Conditioning Services is an affirmative action/equal opportunity employer.

Inquiries regarding the company's equal opportunity policies may be directed to our Human Resources Department. (714) 529-9600.

Definitions

The following definitions have been extracted from the Department of Labor regulations implementing Section 503 of the Rehabilitation Act of 1973 and Public Law 38 of the U.S. Code Sections 2011 and 2012, Part 20-250.

"Disabled individual" means any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such in impairment. For purposes of this Part, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of handicap.

"Disabled veteran" means a person entitled to disability compensation under laws administered by the Veteran's Administration for disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

"Veteran of the Vietnam era" means a person (1) who (i) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975, and (2) who was so discharged or released within 48 months preceding the alleged violation of the Act, the affirmative action clause and/or the regulation issued pursuant to the Act.