CLIMATIC
REFRIGERATION & AIR CONDITIONING, INC.

Date: _____

Job Application Form

Desired Position: _____ Desired Hourly: _____

When are you available to start: _____

What days/ hours are you available to work?

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Desired Employment: ☐ Part Time ☐ Full Time

First Name: _____ Last Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact *(Name and Contact)*: _____

Driver's License: ☐ Yes ☐ No State of Issue: _____

Have you had any auto accidents in the last 3 years? ☐ Yes ☐ No

Explain: _____

Have you had any moving violations in the last 3 years? ☐ Yes ☐ No

Explain: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

Explain: _____

	Name and Location	*Major/ Subject of Study*
College or University		
Specialized Training or Trade School		
High School		
Other Education		

Reference 1:

Name: _____ Position: _____

Company: _____ Telephone: _____

Reference 2:

Name: _____ Position: _____

Company: _____ Telephone: _____

May we contact any of your previous employers or these references? ☐ Yes ☐ No

Use this space to add any additional relevant information.

_____

_____

_____

_____

Note: Please attach your resume with this application.