

# ADVANCED COOLING



**SURROUND YOURSELF  
IN COMFORT WITH JAVI-AIR!**

**410 E BROCKETT  
SHERMAN TX 75090**

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION:**

<b>NAME</b>	<b>SOCIAL SECURITY NO.</b>	
<b>CURRENT ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PERMANENT ADDRESS</b>		
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>PHONE NUMBER</b>	<b>ARE YOU 18 YEARS OR OLDER</b>	

**DESIRED EMPLOYMENT:**

POSITION	
DATE WHEN YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW	
IF SO CAN WE CONTACT YOUR CURRENT EMPLOYER	
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE	IF YES WHEN
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE	IF YES WHEN
REASON FOR LEAVING	
NAME OF LAST SUPERVISOR AT THIS COMPANY	
WHO REFERRED YOU TO THIS COMPANY	

**EDUCATION:**

School Level	Name and Location	No. Of Years Attended	Did You Graduate?	Subjects Studied
Grammar				
High School				
College				
Trade/business/ correspondence school				

**GENERAL:**

SUBJECTS OR SPECIAL STUDY OR RESEARCH WORK:

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SPECIAL TRAINING:

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SPECIAL SKILLS:

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**FORMER EMPLOYERS:**

List below last three employers, starting with most recent

**NAME OF PRESENT OR LAST EMPLOYER:**

ADDRESS CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	
MAY WE CONTACT YOUR SUPERVISOR	NAME OF SUPERVISOR	
SUPERVISORS TITLE	NUMBER	
DESCRIPTION OF WORK		
REASON FOR LEAVING		

**NAME OF PRESENT OR LAST EMPLOYER:**

ADDRESS CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	
MAY WE CONTACT YOUR SUPERVISOR	NAME OF SUPERVISOR	
SUPERVISORS TITLE	NUMBER	
DESCRIPTION OF WORK		
REASON FOR LEAVING		

**NAME OF PRESENT OR LAST EMPLOYER:**

ADDRESS CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	
MAY WE CONTACT YOUR SUPERVISOR	NAME OF SUPERVISOR	

SUPERVISORS TITLE	NUMBER
DESCRIPTION OF WORK	
REASON FOR LEAVING	

**REFERENCES:**

Name	Address	Business	Years Acquainted

**SERVICE RECORD:**

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**HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST FIVE YEARS?**

(If no, leave blank. If yes, please explain. It will not necessarily exclude you from consideration.)

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**AUTHORIZATION:**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or take any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_