



neighbors taking care of neighbors

HOMETOWNE ENERGY

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HVAC Technician APPLICATION FOR EMPLOYMENT

(answer all questions- please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application _____

Position (s) Applied for _____ Social Security #: _____ - _____ - _____

Name _____
Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone _____ How Long? _____
yr./mo.

Previous Addresses _____ How Long? _____
Street City State/Zip Code yr./mo.
_____ How Long? _____
Street City State/Zip Code yr./mo.
_____ How Long? _____
Street City State/Zip Code yr./mo.

Do you have the legal right to work in the United States? _____
Date of Birth ____ / ____ / ____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Are you employed now? _____ If not, how long since leaving last employment? _____
How did you get referred to us? _____ Rate of pay expected _____

(Answer only if a job requirement)

Have you ever been convicted of/or have a pending felony or misdemeanor? YES NO

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

Level of Experience relevant to the position you are applying for:

Entry Level (less than 2 years) Mid-Career (2-4 years) Tenured Career (5+ years)
Employment Type desired: FULL-TIME PART-TIME

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to driver a commercial motor vehicle* in intrastate and interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY		STATE	ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY		STATE	ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY		STATE	ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY		STATE	ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY		STATE	ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				POSITION HELD			
CITY		STATE	ZIP	SALARY/WAGE			
CONTACT PERSON				REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>							

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD

FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE **NONE**.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

Technical/Trade SCHOOLS ATTENDED:

_____ (NAME) _____ (CITY) _____ (DATE)

EXPERIENCE AND QUALIFICATIONS

DRIVERS LICENSES	STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXP. DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been denied, suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, driving record, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that this application is not an offer of employment. I also understand that if hired, the employment will be "at will", subject to termination at any time or for any reason. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Date

Applicant's Signature