Heating & Air Conditioning Supply, Inc.

4420 Tuck Road
Loganville, GA 30052
Phone: (678)639-0004
Fax: (678)639-0007

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Heating & Air Conditioning Supply, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

_____

FIRST MIDDLE LAST SOCIAL SECURITY NUMBER

_____

ADDRESS CITY ST ZIP PHONE

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

VISA TYPE IF AVAILABLE_____VISA #_____EXP DATE_____

DO YOU HAVE A VAILD DRIVERS LICENSE?_____LICENSE #_____
(Please provide copy of driver's license when applying for position)

HAVE YOU EVER BEEN CONVICTED OR SENTENCED FOR ANY VIOLATION OF LAW? YES NO
IF YES, GIVE FULL PARTICULARS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

POSITION INFORMATION

POSITION APPLIED FOR:_____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT HAC SUPPLY? YES NO

IF YES, PLEASE GIVE NAME & RELATIONSHIP:_____

PREVIOUS EMPLOYERS

NAME OF COMPANY PHONE SALARY BEGIN SALARY END DATES EMPLOYED

NAME & TITLE OF SUPERVISOR ADDRESS CITY ST ZIP

TITLE OF YOUR POSITION DEPARTMENT

DUTIES REASON FOR LEAVING

NAME OF COMPANY PHONE SALARY BEGIN SALARY END DATES EMPLOYED

NAME & TITLE OF SUPERVISOR ADDRESS CITY ST ZIP

TITLE OF YOUR POSITION DEPARTMENT

DUTIES REASON FOR LEAVING

SKILLS

COMPUTER PROGRAMS USED_____

INDICATE EXPERIENCE/SKILLS IN YEARS FOR EACH AREA THAT APPLIES:

COMPUTER	_____	DELIVERY/DRIVER	_____
PURCHASING	_____	MARKETING	_____
WAREHOUSE	_____	HVAC SERVICE	_____
ACCOUNTING	_____	HVAC INSTALLS	_____

LIST ANY OTHER SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY

MILITARY SERVICE AND STATUS

BRANCH OF SERVICE (IF NONE, STATE NONE): _____

DATES OF SERVICE TO: _____ FROM: _____ LAST RANK_____

HONORABLE DISCHARGE YES NO

EDUCATION

_____

HIGH SCHOOL ATTENDED CITY STATE Number of Years

Graduated YES NO Degree Received _____

_____

COLLEGE ATTENDED CITY STATE Number of Years

Graduated YES NO Degree Received _____

_____

TECHNICAL/VOCATIONAL/GRADUATE, ETC. CITY STATE Number of Years

GRADUATED YES NO Degree Received _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at any time, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and employees who believe they to be members of one or more of these groups, and who wish to identify them as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals, shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one)

I do not qualify

I do qualify under the following:

Handicapped

Vietnam Era Veteran

Disabled Veteran

Signature_____ Date_____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period.