



Employment Application ServiceExperts, Inc.

Phone: (316) 722-8700
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Information given will be treated in a confidential manner. Please fully complete application.

Name _____
Last First M.I.

Social Security No _____ BirthDate _____

Position Desired _____

Salary Desired _____ Full-Time Part-Time Temp

Address (Street/City/State/Zip) _____ Telephone _____

Alternate Contact Name & Telephone _____ Relationship _____

Are you legally eligible for employment in the United States? _____ Date available for work _____ Are you able to meet the attendance requirements of the position? _____ Do you have personal transportation? _____ What type? _____ Are you physically capable of doing the job for which you are applying? _____ Are you willing to work out of town? _____ Are you able to lift 75 pounds? _____ If no, please give weight limit: _____ Are you willing to work overtime? _____ If no, please explain: _____

As an adult, have you ever been convicted of an offense other than a minor traffic violation? _____ (Convictions are evaluated by position and are not necessarily disqualifying). If yes, please give dates and explain: _____

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 If you did not complete high school, do you have a GED? _____

School Level	School Attended	City, State	Years	Major	Degree/ #Credits
High School					
College/University					
Trade School					

SKILLS INVENTORY		
HVAC	Food Service	Other
<input type="checkbox"/> Boilers	<input type="checkbox"/> Broilers	<input type="checkbox"/> Blue Print, Reads
<input type="checkbox"/> Chillers	<input type="checkbox"/> Fryers	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Lt Commercial	<input type="checkbox"/> Grills	<input type="checkbox"/> Electrical
<input type="checkbox"/> Residential	<input type="checkbox"/> Microwaves	<input type="checkbox"/> Appliance Repair
<input type="checkbox"/> Sheet Metal	<input type="checkbox"/> Ranges	<input type="checkbox"/> Welding, MIG
<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Steamers	<input type="checkbox"/> Welding, TIG

License / Certification	Number / Type	Exp Date	Valid Currenty?	Licensing Agency	Other Information
Driver's License			<input type="checkbox"/> Yes <input type="checkbox"/> No		
HVAC (Journeyman / Master)					
EPA					

Employment History:

Listing the most recent first, complete your employment record for at least the past ten (10) years. Please complete even if you are submitting a resume.

Last Name	First Name	SSN
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Employer _____ Address _____
From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____
Supervisor Name _____ Telephone _____ May we call for references? _____
Briefly, explain duties _____

Employer _____ Address _____
From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____
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Employer _____ Address _____
From _____ to _____ Job Title _____ Salary _____ Reason for leaving _____
Supervisor Name _____ Telephone _____ May we call for references? _____
Briefly, explain duties _____

In case of emergency notify: _____ Phone # _____ Relationship _____

How did you learn about this position? Employee Vendor Customer Internet Other (specify) _____

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature: _____ Date: _____