



# APPLICATION FOR EMPLOYMENT

## Waterbury Heating & Cooling, Inc.

Please drop off application to the following location:

Waterbury, Inc.  
1401 E. Sioux Street  
Sioux Falls, SD 57103

\*This is only a pre-employment questionnaire. Waterbury Heating & Cooling, Inc. is an equal opportunity employer.

### PERSONAL INFORMATION

DATE OF APPLICATION \_\_\_\_\_ NAME \_\_\_\_\_  
 PRESENT ADDRESS \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 REFERRED BY \_\_\_\_\_

### EMPLOYMENT DESIRED

- SERVICE TECHNICIAN
- HVAC EQUIPMENT REPLACEMENT
- HVAC CONSTRUCTION
- OFFICE PERSONNEL

Are you currently employed? **YES / NO**  
 If so, may we contact your employer? **YES / NO**  
 Date you can start work? \_\_\_ / \_\_\_ / \_\_\_  
 The salary you desire to start: \$ \_\_\_\_\_ / hr

### EDUCATION HISTORY

HIGH SCHOOL \_\_\_\_\_  
 COLLEGE / TRADE / BUSINESS SCHOOL \_\_\_\_\_

### GENERAL INFORMATION

Do you have any special subject or any special skills in the industry?

\_\_\_\_\_  
 \_\_\_\_\_

### FORMER EMPLOYER INFORMATION (List below past employers, starting with the last held)

Dates	Name & Address	Salary Position	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### REFERENCES

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand 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 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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

DATE OF APPLICATION \_\_\_\_\_ SIGNATURE \_\_\_\_\_