

Date \_\_\_\_\_

**Daniell Air & Electric, Inc**

**Daniell Mechanical Services, Inc**

# APPLICATION FOR EMPLOYMENT

*Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.*

**We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.**

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Position Applied For \_\_\_\_\_ Name \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_

How long have you lived there \_\_\_\_ / \_\_\_\_ Years/Months Email Address \_\_\_\_\_

Desired Salary/Hourly Rate \_\_\_\_\_

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes  No

Type of employment desired? Full-time  Part-time  Are you willing to work overtime? Yes  No

Date on which you can start work if hired? \_\_\_\_\_

Have you previously applied for employment with this Company? Yes  No

If yes, when and where did you apply? \_\_\_\_\_

Have you ever been employed by this Company? Yes  No

If yes, provide dates of employment and reason for separation from employment.

Have you ever been convicted of a crime? Yes  No

If yes, explain: number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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

Date \_\_\_\_\_

Do you have a driver's license? Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's License number \_\_\_\_\_ State of Issuance \_\_\_\_\_

Operator \_\_\_\_\_ Commercial (CDL) \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you had any accidents during the past three years? Yes  No  How many? \_\_\_\_\_

Have you had any moving violations during the past three years? Yes  No  How many? \_\_\_\_\_

Do you smoke? Yes  No

If Yes, what kind of tobacco do you use? Cigarettes, E-cigs, smokeless tobacco etc \_\_\_\_\_

Education	School Name and Location	Course of Study	Graduate? Y or N	# of Years Completed	Degree/Major
High School					
College					
Bus./Tech./Trade					

**CERTIFICATION**

Please list any certifications you may have. Are there any Special Skills/Licenses you have acquired that are related to the job you are applying for?

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Date \_\_\_\_\_

**WORK EXPERIENCE**

Please list the names of present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration for employment. Do not answer "see resume."

Employer

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<b>Name</b>	<b>Address</b>	<b>Type of Business</b>
Telephone (____) _____ - _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____	
Wages: Start _____ Final _____	Reason for Leaving _____	
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain. _____		

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Employer

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<b>Name</b>	<b>Address</b>	<b>Type of Business</b>
Telephone (____) _____ - _____	Dates Employed From ____/____/____ To ____/____/____	
Job Title _____	Duties _____	
Supervisor's Name _____	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why? _____	
Wages: Start _____ Final _____	Reason for Leaving _____	
What will this employer say was the reason your employment terminated? _____		
How much notice did you give when resigning? If none, explain. _____		

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Have you ever been terminated or asked to resign from any job? Yes  No  If Yes, how many times? \_\_\_\_\_

Has your employment ever been terminated by mutual agreement? Yes  No  If Yes, how many times? \_\_\_\_\_

Have you ever been given the choice to resign rather than be terminated? Yes  No  If Yes, how many times? \_\_\_\_\_

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

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Date \_\_\_\_\_

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## REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	TELEPHONE
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Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

NAME	ADDRESS	TELEPHONE	# of YEARS KNOWN
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## APPLICATION CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent upon my possessing a **VALID** driver's license for the state in which I reside and that meets commercial insurance requirements (no multiple tickets, careless driving, DUIs etc.) I also have automobile liability insurance in an amount equal to the minimum required by the state where I live.

I understand that the Company has a drug-free workplace policy and if I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive; the employment offer will be withdrawn. I agree to work under the conditions required in a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug test is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and electronic equipment) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume' or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

Date \_\_\_\_\_

**THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OR VICE PRESIDENT OF THE COMPANY.**

**IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.**

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state, and/or local law.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_