



Logan Heating & Air Conditioning, Inc.
 5142 N. Causeway Drive
 Winston-Salem, NC 27106
 Phone: 336-924-4161

APPLICATION FOR EMPLOYMENT

"An Equal Employment Opportunity Employer M/F/D/V"

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Position(s) Applied For:

Date of Application

Date available for work: ___/___/___

What is your desired salary range?

Are you available to work: Full-time (please indicate 1 2 3 shift)
 Part-time (please indicate Mornings Afternoons Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

How did you learn about us?

Advertisement Relative Friend Inquiry Employment Agency Web Site Other _____

Name (last, first, middle initial):

Present Address (street, city, state, zip):

Social Security No:

Home phone:

Business phone:

Best time to contact:

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If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, give date _____

Have you ever been employed with us before? Yes No If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No Who? _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of a felony or drug-related offense within the last 7 years? Yes No

(This information will be reviewed for job relatedness and will not necessarily disqualify an applicant from employment.)

If yes, please explain: _____

EDUCATION

If your school records are under a different name, please enter that name: _____

High School (name and address)

Years completed:

Did you graduate? [] Yes [] No

Course of Study:

College (name and address)

Years completed:

Did you graduate?
[] Yes [] No

List diploma or degree:

Course of study (major/minor):

Other (name and address)

Years completed:

Did you graduate?
[] Yes [] No

List diploma or degree:

Are you attending school or taking courses now? [] Yes [] No
If yes, where?

List scholastic honors:

SKILLS & ABILITIES

Describe any specialized training, apprenticeships, skills and extracurricular activities:

Describe any job-related training (including United States military) you have received:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Company name and address:

Your Title:	Phone No:	Type of Business:
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Duties:

Hourly Rate/Starting salary:	Hourly Rate/Ending salary:	From (month/year):	To (month/year):
\$	\$	/	/

Name of supervisor(s):	Reason for leaving:
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Company name and address:

Your Title:	Phone No:	Type of Business:
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Duties:

Hourly Rate/Starting salary:	Hourly Rate/Ending salary:	From (month/year):	To (month/year):
\$	\$	/	/

Name of supervisor(s):	Reason for leaving:
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Company name and address:

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Duties:

Hourly Rate/Starting salary:	Hourly Rate/Ending salary:	From (month/year):	To (month/year):
\$	\$	/	/

Name of supervisor(s):	Reason for leaving:
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If you need additional space, please continue on a separate piece of paper.

May we contact employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact: _____

List professional, trade, business or civic activities and offices held. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Other qualifications/specialized skills

Summarize special job-related skills and qualifications acquired from employment or other experience.

PERSONAL REFERENCES

Name	Address, City, State, Zip	Phone
1.		
2.		
3.		

REMARKS

Please add any statements you feel may help to clarify answers to the questions in this application. Also, you may add job-related volunteer activities or knowledge, skills and abilities as they relate to the job for which you are applying. (You may exclude information that would reveal race, religion, age, disability or other protected status.)

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of activities involved in such a job has been given. [] Yes [] No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that any offer of employment made by Logan Heating and Air Conditioning is contingent upon the satisfactory results of a medical examination and a drug screen.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Arrange interview Yes No

Remarks _____

Interviewer ____/____/____
Date

Employed Yes No Date of Employment: ____/____/____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____ ____/____/____
Date

Name and Title