



## Application for Employment

Welcome to Davis Air Conditioning and Heating, Inc. We would like to take the opportunity to thank you for applying and give you our guidelines for hiring.

We are an Equal Opportunity Employer.

Upon filling out an application you will be directed to the proper person for a brief interview that should last no longer than five minutes. This interview is used to go over all the information that you have listed in the application.

After this, the person that you are speaking with will either set an appointment with you to come in for a second interview or they will instruct you as to when they will be calling you for the secondary interview. **Please do not call us asking about the position you applied for**, as we are extremely busy and any time taken away from present projects just delays us from getting to the interview.

Please be sure to **answer every question** as clearly as possible whether it is on the application or asked verbally by the interviewer. Be completely truthful. The truth is your best ally.

Please note that Davis Air Conditioning and Heating, Inc. pays its employees electronically. You must have a bank account to receive electronic funds. If employed, you will be required to complete an Electronic Funds Transfer Authorization.



## Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.  
Explain any gaps in employment in comment section following.

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Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Hourly Rate / Salary Starting \$ \_\_\_\_\_ per \_\_\_\_\_ Final \$ \_\_\_\_\_ per \_\_\_\_\_  
Immediate Supervisor and Title \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
May we contact for Reference? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Later  
Summarize the nature of the work performed and job related responsibilities:

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Employer \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
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Address \_\_\_\_\_  
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Immediate Supervisor and Title \_\_\_\_\_  
Reason for leaving? \_\_\_\_\_  
May we contact for Reference? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Later  
Summarize the nature of the work performed and job related responsibilities:

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Comments (including explanations of any gaps in employment). \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Skills and Qualifications** – Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying. \_\_\_\_\_  
 \_\_\_\_\_

**Education**

**A.** List last three (3) schools attended, starting with the most recent. **B.** List number of years *completed*. **C.** Indicate degree or diploma earned if any. **D.** Grade Point Average or Class Rank and **E.** Major and minor fields of study (if applicable).

A. School	B. Num. Years	C. Degree/Diploma	D. GPA/ Rank	E. Major	E. Minor

**References**

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	( )	
	( )	
	( )	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

**Health:** Have you ever been injured on the job? \_\_\_ Yes \_\_\_ No  
 If yes, please describe \_\_\_\_\_  
 \_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROSPECTIVE EMPLOYMENT  
AUTHORIZATION AND CERTIFICATION**

*THIS FORM MUST BE FILLED OUT COMPLETELY AND MUST BE NOTARIZED  
PLEASE SEND A STAMPED SELF-ADDRESSED ENVELOPE WITH ALL REQUESTS*

**SECTION I TO BE COMPLETED BY JOB APPLICANT**

- |  |  |
|--|--|
| 1. Name of Applicant (Please print or type)<br>_____ | 2. Social Security Number<br>_____-_____-_____ |
| 3. Complete Address of Applicant<br>_____            | 4. Date of Application<br>_____/_____/_____    |

I understand that the Texas Workers Compensation Act makes information in or derived from a claim file regarding an employee confidential. However, I hereby waive this right of confidentiality to the extent that I authorize the Texas Workers' Compensation Commission to review my claim file(s), if there are any, and if I have made two or more general injury claims in the preceding five years, to release the date and description of each injury to the employer named below.

Job Applicant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

SWORN AND SUBSCRIBED BEFORE ME BY THE SAID \_\_\_\_\_ (Applicant's Name)  
ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

_____ Signature of Notary Public	_____ Printed Name of Notary Public
My Commission expires: ____/____/_____	Seal or Stamp

**SECTION II TO BE COMPLETED BY JOB EMPLOYER**

- |   |   |
|---|---|
| 1. Name of Employer (Please print or type)<br>_____ | 2. Federal Tax ID Number<br>_____-_____                       |
| 3. Complete Address of Employer<br>_____            | 4. Name and job title of person completing this form<br>_____ |

I am a prospective employer who has workers' compensation insurance. I am entitled to receive prior injury information concerning this job applicant under both the Texas Workers' Compensation Act, TEX.REV.CIV.STAT.ANN. art 8308-2.33 and the Americans With Disabilities Act of 1990, 42 U.S.C. 12101 *et. seq.* I am not prohibited from receiving this information under the Americans With Disabilities Act of 1990 because:

(Check any that apply)

\_\_\_\_\_ I am an employer who is not covered by the Americans With Disabilities Act of 1990. (The Americans With Disabilities Act of 1990 defines "employer" for the period from July 28, 1992 through July 25, 1994 as: "a person engaged in an industry affecting commerce who has 25 or more employees for each working day in each of 20 or more calendar weeks in the current or preceding year and any agent of such person").

\_\_\_\_\_ I am an employer who is covered by the Americans With Disabilities Act of 1990, who is requesting this information prior to hiring the above-named applicant, but after having made a conditional offer of employment to the above-named applicant. I am requesting this information regarding all post-offer prospective job applicants in this job category regardless of disability.

I certify that the statements in Section II of this document are true, complete and correct to the best of my knowledge and belief.

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

SWORN AND SUBSCRIBED BEFORE ME BY THE SAID \_\_\_\_\_ (Applicant's Name)  
ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

_____ Signature of Notary Public	_____ Printed Name of Notary Public
My Commission expires: ____/____/_____	Seal or Stamp

I understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancelation of this application and/or separation from employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 30 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is this company's policy not to refuse to hire a qualified individual with disability because of this person's need for an accommodation that would be required by the A.D.A.

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

DAVIS AIR CONDITIONING & HEATING, INC.

Business Office:

1421 S. Front Street

Angleton, TX 77515

TACLA000205C / Established 1971

PRE-EMPLOYMENT PHYSICAL

I understand that if my employment is voluntarily or involuntarily terminated before the end of my three-month probation, I will be liable for the cost incurred by Davis Air Conditioning for the pre-employment physical and drug screen. The cost shall be deducted from my final paycheck.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**BUSINESS OFFICE \* PO BOX 1606 \* ANGLETON, TEXAS 77516-1606**

**CONSENT TO BIOLOGICAL TEST / PRE-EMPLOYMENT  
PHYSICAL**

I have read and understand my employer's (potential employer's) policy regarding substance abuse. I understand that it is the practice of the company to conduct drug and alcohol tests for the purpose of carrying out this policy.

I understand that I cannot be compelled to give a biological specimen. I understand that if I give a biological specimen it will be tested for drugs and/or alcohol. I understand that the giving of a biological specimen, when requested by this company, is a condition of my potential/continued employment. I understand that if a test of my specimen reveals an unexplained presence of a drug and/or alcohol, there may be disciplinary action against me, up to and including termination of employment.

I authorize the officers, employees and agents of the testing organization and my employer (potential employer) to communicate among themselves, for official purposes, my drug and/or alcohol test results, both orally and in writing, and to communicate such test results at any judicial or administrative proceedings. I also authorize the officers, employees and agents of the testing organization and my employer (potential employer) to have continued access to my biological specimens for the purpose of any further analysis or study that may be necessary.

I wish my employer (potential employer) to consider me for work in situations that require drug and/or alcohol testing due to contractual obligations. I hereby give consent to my employer (potential employer) or designated agent(s), to release to contractors the results of any biological test taken by me so that I may qualify for such work.

Comments:

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At this time I hereby agree to give a biological specimen.

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Donor's signature

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Witness

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Printed Name

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Date

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Social Security #

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Texas Driver's License #





*Air Conditioning & Heating, Inc.*

Business Office: 1421 S. Front St.\*PO Box 1606\*Angleton, TX

77516\*TACLA000205C\*Established 1971

Brazosport (979)265-2332 \* Angleton (979)849-8124 \* Stafford (281)498-0860 \*

Houston (281)393-1951

Stafford Office/Warehouse: 9920 Plantation Ln.

### Pre-Employment Inquiry Release

In connection with my application for employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences.

I authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I hereby consent to your obtaining the above information from any licensed agent you deem necessary. I understand to aid in the proper identification of my file or records the following information, as well as other information, is necessary.

Print Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date  
\_\_\_\_\_

**Davis Air Conditioning and Heating, Inc.**

OFFICE USE ONLY

References:

Date of Results: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MVR:**

Date called to Insurance Co. \_\_\_\_\_

Results: \_\_\_\_\_

**Physical:**

Date sent to Medical Facility: \_\_\_\_\_

Results: \_\_\_\_\_

Form Completed by: \_\_\_\_\_