



Application for Employment

An Equal Opportunity Employer

Ventilation Power Cleaning (VPC) is an equal opportunity employer. This application will not be used for limiting any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application process should notify our organization.

General Information

Name (Last)		(First)	(Middle Initial)
Address (Mailing Address)		(City)	(State) (Zip)
Email		Telephone (Main)	Telephone (Other)
Referred By			

Position

(please check all that apply)

Position Applying For <input type="checkbox"/> Truck Operator/ Foreman <input type="checkbox"/> HVAC Technician <input type="checkbox"/> Video Inspection <input type="checkbox"/> General Laborer	Employment Type Desired <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Salary Desired (per hour)
		Date Available to Work <i>Comments:</i>

Employment

Are you available to work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, are you willing to submit to and pass a controlled substance test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? <i>If no, please explain:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever applied to/worked for VPC before? <i>If yes, please explain when:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends, relatives, or acquaintances working for VPC? <i>If yes, state name and relationship:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> <input type="checkbox"/>

Education and Occupational Training

High School Graduate or passed the General Education Test (GED)? <i>If no, list the highest grade completed:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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College, Business School, and Military (most recent first)				
Name and Location	From	To	Graduated	Degree, major, or subject
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Occupational License, Certificate, or Registration			
Type of Certification	Number	Location Where Issued	Expiration Date

Work Experience (most recent first)

Employer	From	To	Supervisor	Telephone	
Job Title					
Specific Duties				Last Salary	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	From	To	Supervisor	Telephone	
Job Title					
Specific Duties				Last Salary	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	From	To	Supervisor	Telephone	
Job Title					
Specific Duties				Last Salary	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	From	To	Supervisor	Telephone	
Job Title					
Specific Duties				Last Salary	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature _____

Date _____