

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employment
Jacob Sheet Metal Works Inc.
dba **Jacob Heating & Air Conditioning**
611 E. International Speedway Blvd.
DeLand FL 32724
Ph (386) 734-0901 Fax (386) 734-0808



Date: _____

Name: _____
Last First M. I. Soc. Sec. Number

Address: _____
Street Number City State Zip How long?

Prev. Address: _____
(If less than 5 yrs.) Street Number City State Zip

Are you at least 18 yrs of Age? Yes No, state age _____ Phone: _____

Are you eligible to work in U.S.? Yes No Valid Drivers License # _____
All positions in our company require a valid & current drivers license.

Position you are apply for: _____ Wage requirement: _____

Are you available to work: Full time Part time Overtime Temporary only
Full time positions in our company routinely require overtime.

Special Skills or Qualifications: _____

Certifications for the position you are applying: _____

EDUCATION

Name of School, City and State	Years Completed	Degree or Area of Study	Did you Graduate?

PERSONAL REFERENCES

Give names below of persons who are not related to you and whom you have known at least 1 year.

Name:	Address:	Phone:
Name:	Address:	Phone:

EMPLOYMENT HISTORY

Are you presently employed? Yes No

May we contact your present employer? Yes No

Begin with your present or most recent employer and work backwards.

Company Name:	Phone:	Job Title:
Address:	Date From:	Typical Duties:
City:	Date To:	Final Pay Rate: \$ per
State:	Supervisor:	Reason for Leaving:
Company Name:	Phone:	Job Title:
Address:	Date From:	Typical Duties:
City:	Date To:	Final Pay Rate: \$ per
State:	Supervisor:	Reason for Leaving:
Company Name:	Phone:	Job Title:
Address:	Date From:	Typical Duties:
City:	Date To:	Final Pay Rate: \$ per
State:	Supervisor:	Reason for Leaving:
Company Name:	Phone:	Job Title:
Address:	Date From:	Typical Duties:
City:	Date To:	Final Pay Rate: \$ per
State:	Supervisor:	Reason for Leaving:

I understand and agree that: Any material misrepresentation or deliberate omission of a fact in my application may result in refusal or, if employed, immediate termination from employment. Jacob Sheet Metal Works Inc. will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Jacob Sheet Metal Works Inc. and I release from liability any person giving or receiving such information. My employment is at will and may be terminated by Jacob Sheet Metal Works Inc. or myself at any time with or without notice or cause and without liability for wages or salary, except for such labor hours as may have been previously worked at the date of such termination. This is an application for employment and no employment contract is being offered, nor will any result from my employment with Jacob Sheet Metal Works Inc. If I am employed, such employment is for no definite period of time and Jacob Sheet Metal Works Inc. can change wages, benefits and conditions at any time. Although management makes every effort to accommodate individual emergencies, business needs may at times dictate the following conditions mandatory: overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday.

I understand and accept these as conditions of my possible and continuing employment with Jacob Sheet Metal Works Inc., and I acknowledge that any oral representation or written statements which may have been made to me to the contrary of the above paragraph are hereby expressly disavowed and may not be relied upon.

Signature: _____ Date: _____

RELEASE/DISCLOSURE FOR EMPLOYMENT PURPOSES BACKGROUND AND REFERENCE INVESTIGATION AUTHORIZATION

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. As part of its employment screening and selection procedures, retentions, and promotion, **Jacob Sheet Metal Works Inc., (hereafter referred to as "Company")** requires that a background investigation and a check of references be conducted. The objectives of the investigation are to verify information provided during the application process, investigate references and identify any factors that might be inconsistent with Company employment requirements.

➡ I, _____, give the Company and/or Intellicorp permission and authority to conduct a background investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous employment and employment references, verification of education, motor vehicle driving record, worker's compensation claims, criminal records and other information contained in public records.

I authorize and request any Former Employers, Insurance Companies, Schools, Police Departments, States, Cities and Counties or any other Person to furnish Company and/or Personnel Profiling Inc. designees information concerning:

<i>My Work Habits</i>	<i>Character</i>	<i>Criminal Record</i>
<i>Reasons for Termination</i>	<i>Reputation</i>	<i>Driving Record</i>
<i>Salary History/Credit</i>	<i>Education History</i>	<i>Transcripts</i> <i>Workers Comp Records</i>

and all other relevant information requested by Company.

➡ **By checking this box, I am indicating my present employer should NOT be contacted.**

I hereby release all Persons, Companies, Corporations, Schools, or Individuals from all liability and responsibility that may result from providing Company and/or Personnel Profiling Inc. with such information as requested.

If I am not hired due to information contained in the background screen report, I will be notified in writing and a copy of the said report will be supplied to me with a written summary of my rights under the Fair Credit Reporting Act of 1970 as amended in 1996.

Applicant (please print)

Current Address

City, State, Zip Code

Social Security Number

County

Driver's License Number

Issuing State

Date of Birth

Applicant's Signature