



Application For Employment Ace Air Conditioning, Inc.

2985 Enterprise Rd. Suite A
Debary, FL 32713
Volusia: (386) 668-8651
Orlando: (407) 539-0434
Visit Us At www.aceac.com

State License # CAC1813533

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, gender, religion, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age. The Americans with Disabilities Act of 1990 prohibits discrimination against qualified individuals with disabilities.

**ACE AIR
CONDITIONING IS AN
EQUAL OPPORTUNITY
EMPLOYER**

PERSONAL INFORMATION:

DATE _____

DRIVERS LICENSE NUMBER: _____ SOC. SEC. NUMBER _____

NAME: _____

Last

First

Middle

PRESENT ADDRESS: _____

Street

City

State

Zip

PERMANENT ADDRESS: _____

Street

City

State

Zip

PHONE NUMBER: _____

REFERRED BY: _____

EMPLOYMENT DESIRED:

POSITION: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN: _____

DO YOU HAVE A VALID DRIVERS LICENSE? _____ HAVE YOU EVER BEEN CONVICTED OF A FELONY: _____

EDUCATION:

NAME AND LOCATION OF
SCHOOL:

YEARS
ATTENDED:

DID YOU
GRADUATE?

SUBJECTS
STUDIED:

GRAMMAR:

HIGH SCHOOL:

COLLEGE:

TRADE OR BUSINESS:

SUBJECTS OF SPECIAL STUDY, RESEARCH WORK, OR HOBBIES: _____

FORMER EMPLOYERS: List below your last three employers starting with the last one first.

DATE MONTH/YEAR:	NAME, ADDRESS, & PHONE OF EMPLOYER:	SALARY:	POSITION:	REASON FOR LEAVING:
FROM TO				
FROM TO				
FROM TO				
FROM TO				

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____

REFERENCES: Give below the Names of two persons not related to you, whom you have known at least one year.

	NAME	ADDRESS	BUSINESS	YRS. ACQUAINTED
1	_____	_____	_____	_____
2	_____	_____	_____	_____

IN CASE OF EMERGENCY NOTIFY: _____ PHONE: _____

MISCELLANEOUS: Explain briefly why you would be the best candidate for this position.

I authorize investigations of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any previous notice.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

DATE HIRED: _____ DEPT: _____ POSITION: _____ SALARY: _____

SKILL LEVEL: _____ PERCENTAGE (FOR JOB TIME): _____ BADGE #: _____