

**APPLICATION FOR EMPLOYMENT**  
**Pre-Employment Questionnaire - EOE & DFWP**

**NisAir Air Conditioning**  
**3700 South US Highway One**  
**Fort Pierce, FL 34982**  
**Telephone (772) 466-8115 Fax (772) 468-9752**

**PERSONAL INFORMATION**

NAME (LAST NAME FIRST)		EMAIL ADDRESS		SOCIAL SECURITY NO.	
PRESENT ADDRESS		APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS		APT. NO.	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	CELL PHONE #		ALTERNATE PHONE #		

**DESIRED EMPLOYMENT**

POSITION		DATE YOU CAN START	DESIRED SALARY
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO      Contact Person: _____		
EVER APPLIED TO NISAIR A/C BEFORE?	WHEN?	POSITION:	
EVER WORKED FOR NISAIR A/C BEFORE?	WHEN?	POSITION	
REASON FOR LEAVING			
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING AT NISAIR A/C <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME: NAME OF LAST SUPERVISOR AT NISAIR A/C			
WHO REFERRED YOU TO NISAIR A/C?  <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> ONLINE ADVERTISING <input type="checkbox"/> TRADE SCHOOL <input type="checkbox"/> NISAIR EMPLOYEE (NAME) _____ <input type="checkbox"/> FRIEND (NAME) _____ <input type="checkbox"/> OTHER _____			

**SERVICE RECORD**

BRANCH OF SERVICE	DISCHARGE DATE	RANK	SPECIALTY

**EDUCATION**

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDENCE SCHOOL				
OTHER				

**FORMER EMPLOYERS**

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE		LEAVING DATE		JOB TITLE
STARTING SALARY (H) _____ (W) _____		FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE		LEAVING DATE		JOB TITLE
STARTING SALARY		FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF SUPERVISOR		TITLE		PHONE
DESCRIPTION OF WORK				
REASON FOR LEAVING				

Continued over.....

**FORMER EMPLOYERS (Cont.)**

NAME OF PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE		JOB TITLE	
STARTING SALARY	FINAL SALARY		MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF SUPERVISOR	TITLE		PHONE	
DESCRIPTION OF WORK				
REASON FOR LEAVING				

**REFERENCES**

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

HAVE YOU BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

**AUTHORIZATION**

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION. I AUTHORIZE NISAIR AIR CONDITIONING TO OBTAIN A MVR, CRIMINAL HISTORY, AND WORKERS COMPENSATION BACKGROUND CHECK.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NisAir Air Conditioning assumes no responsibility and hereby disclaims any liability for the inclusion in this form of any questions or requests for information upon which a violation of local, state and/or federal law may be based.

**MVR RELEASE CONSENT FORM**

In conjunction with my potential employment at \_\_\_\_\_

(“the company”), I \_\_\_\_\_ (applicant) consent to the

release of my Motor Vehicle Records (MVR) to the company. I understand the company will

use these records to evaluate my suitability to fulfill driving duties that may be related to the

position for which I am applying. I also consent to the review, evaluation, and other use of any

MVR I may have provided to the company.

This consent is given in satisfaction of Public Law 18 USC 2721 et. Seq., “Federal Drivers

Privacy Protection Act” and is intended to constitute “written consent” as required by this Act.

Signed (applicant) \_\_\_\_\_

Date \_\_\_\_\_

Drivers’ License Number \_\_\_\_\_ State \_\_\_\_\_

**INTERVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INTERVIEW NOTES:**


<b>DIVISION</b>	
<b>JOB DESCRIPTION</b>	
<b>START DATE</b>	
<b>SUPERVISOR</b>	
<b>PAY RATE</b>	