



neighbors taking care of neighbors

# HOMETOWNE ENERGY

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## HVAC Technician APPLICATION FOR EMPLOYMENT

(answer all questions- please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of application \_\_\_\_\_

Position (s) Applied for \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Previous Addresses \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State/Zip Code yr./mo.  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State/Zip Code yr./mo.  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State/Zip Code yr./mo.

Do you have the legal right to work in the United States? \_\_\_\_\_  
Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Are you employed now? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_  
How did you get referred to us? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

(Answer only if a job requirement)

Have you ever been convicted of/or have a pending felony or misdemeanor? YES  NO

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment- all circumstances will be considered.

Level of Experience relevant to the position you are applying for:

Entry Level (less than 2 years)  Mid-Career (2-4 years)  Tenured Career (5+ years)  
Employment Type desired:  FULL-TIME  PART-TIME

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to driver a commercial motor vehicle\* in intrastate and interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.)

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY	STATE		ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?    YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY	STATE		ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?    YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY	STATE		ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?    YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY	STATE		ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?    YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				MO.	YR.	MO.	YR.
CITY	STATE		ZIP	POSITION HELD			
CONTACT PERSON				SALARY/WAGE			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?    YES <input type="checkbox"/> NO <input type="checkbox"/>				REASON FOR LEAVING			

EMPLOYER				DATE			
NAME				FROM		TO	
ADDRESS				POSITION HELD			
CITY	STATE		ZIP	SALARY/WAGE			
CONTACT PERSON				REASON FOR LEAVING			
DID YOU DRIVE A VEHICLE REQUIRING A CDL?    YES <input type="checkbox"/> NO <input type="checkbox"/>							

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

**ACCIDENT RECORD**

FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE **NONE**.

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8      HIGH SCHOOL: 1 2 3 4      COLLEGE: 1 2 3 4

Technical/Trade SCHOOLS ATTENDED:

\_\_\_\_\_ (NAME) \_\_\_\_\_ (CITY) \_\_\_\_\_ (DATE)

**EXPERIENCE AND QUALIFICATIONS**

DRIVERS LICENSES	STATE	LICENSE NO.	CLASS	ENDORSEMENTS	EXP. DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?    YES \_\_\_\_\_ NO \_\_\_\_\_

B. Has any license, permit or privilege ever been denied, suspended or revoked?    YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, driving record, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. I understand that this application is not an offer of employment. I also understand that if hired, the employment will be "at will", subject to termination at any time or for any reason. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_ Date

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