

# Southern Heat Exchanger Services, Inc.

## Employment Application

*Write in version*

Office Use Only:

Received: \_\_\_\_\_ By: \_\_\_\_\_

Source:

- \_\_\_\_ by hand  
\_\_\_\_ mail  
\_\_\_\_ email  
\_\_\_\_ web application

Date: \_\_\_\_\_

### Personal Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone/message phone: \_\_\_\_\_ email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: State \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_

Previous address: (Street, City, State, ZIP): \_\_\_\_\_

How long did you live there? \_\_\_\_\_

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Have you ever been convicted of a crime?  Yes  No Date: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

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Position Applied For: \_\_\_\_\_ Pay rate/Salary required: \_\_\_\_\_

Who do you know who works here?: \_\_\_\_\_

Where did you learn about this job opportunity? \_\_\_\_\_

Where did you obtain this application? \_\_\_\_\_

Have you worked with us before?  Yes  No

Prior Position:  Regular  Temporary Reason for Leaving: \_\_\_\_\_

## Education and Training

School Name \_\_\_\_\_ Highest Grade \_\_\_\_\_ Major Subject \_\_\_\_\_

School Location \_\_\_\_\_ Did you graduate?  Yes  No

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School Name \_\_\_\_\_ Highest Grade \_\_\_\_\_ Major Subject \_\_\_\_\_

School Location \_\_\_\_\_ Did you graduate?  Yes  No

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School Name \_\_\_\_\_ Highest Grade \_\_\_\_\_ Major Subject \_\_\_\_\_

School Location \_\_\_\_\_ Did you graduate?  Yes  No

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List dates and specific education, training or work experience that qualifies you for this position or for work at Southern Heat Exchanger (attach additional pages if needed).

State **what** specific type of training or experience, **where** you obtained the training or experience and **when** you obtained the training and experience.

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Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Employment History:**

Applicant must account for all time for past 7 years. Begin with the present and work backwards. If unemployed, in school, or in another situation for a period, please state. [Click here for additional Employment History pages.](#)

From Month/Year to Month/Year: _____	Reason for leaving: _____
Employer Name & Type of Business: _____	
Address (Street, City, State, ZIP): _____	
Type of Employment (check all that apply): <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Self-employed	
Your position: _____	Brief description of job duties: _____
Supervisor name: _____ Supervisor phone: _____	
Last salary: \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

From Month/Year to Month/Year: _____	Reason for leaving: _____
Employer Name & Type of Business: _____	
Address (Street, City, State, ZIP): _____	
Type of Employment (check all that apply): <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Self-employed	
Your position: _____	Brief description of job duties: _____
Supervisor name: _____ Supervisor phone: _____	
Last salary: \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

From Month/Year to Month/Year: _____	Reason for leaving: _____
Employer Name & Type of Business: _____	
Address (Street, City, State, ZIP): _____	
Type of Employment (check all that apply): <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Self-employed	
Your position: _____	Brief description of job duties: _____
Supervisor name: _____ Supervisor phone: _____	
Last salary: \$ _____ per _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Emergency Contact Information**

In case of Emergency Notify:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Other phone number: \_\_\_\_\_

**Notice to Applicant**

Southern Heat Exchanger Services, Inc. is committed to a policy of equal employment opportunities for all persons regardless of race, sex, color, religion; national origin, ancestry, citizenship or lawful alien status; age; disability; marital status; family care leave status; veteran status or U.S. Armed Forces Service. All applicants are considered on this basis.

**Accommodation of Disability**

I understand that I may be required to take an examination as part of the application process. In the event that I have a disability which might affect my ability to take such an examination, I will inform Southern Heat Exchanger of my disability in writing prior to the administration of the test and will request in writing that an accommodation be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Southern Heat Exchanger Services, Inc. reserves the right to require medical documentation, including a second opinion, concerning the need for any accommodation.

**Probationary Period**

I understand that all employees are hired on a probationary basis for sixty (60) days and that employment is conditional upon satisfactory performance.

**Pre-Employment, Post-Offer Drug Screen**

I understand that Southern Heat Exchanger Services, Inc. has a policy of a drug and alcohol free workplace and that I may be required to submit to a drug/alcohol screening prior to employment, or when a reasonable suspicion exists that I am using or in the possession of drugs or alcohol while on company property or in company vehicles. I further understand that failure to comply with this policy, or to submit to required drug/alcohol screening, either prior to employment, or when a reasonable suspicion exists that I may be in possession of, or under the influence of drugs or alcohol, is grounds for termination.

**Pre-Employment, Post-Offer Physical Exam**

I understand that Southern Heat Exchanger Services, Inc. may require me to submit to a physical exam in order to determine my fitness to perform a job for which I may be employed. I also understand that I must pass this physical exam in order to commence employment with Southern Heat Exchanger Services, Inc.

**Other Information**

I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between Southern Heat Exchanger Services, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment or conditions of employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or for no reason, and that Southern Heat Exchanger Services, Inc. retains the right to terminate my employment at any time, with or without cause.

I understand that, if employed, policies and rules which are issued are not conditions of employment and that Southern Heat Exchanger Services, Inc. may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would need to reapply in order to be considered for employment.

**Certifications**

By my signature below, I acknowledge that I have read and understand the information above. I also certify that information given by me in this application is true and correct in all respects and I agree that if the information given is found to be false or misleading in any way, it shall be considered sufficient cause for denial of employment or discharge from employment.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## DISCLOSURE TO EMPLOYMENT APPLICANT

*This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes.*

By signing the release below, I hereby authorize Southern Heat Exchanger Services, Inc. to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to obtain information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history.

I authorize without reservation such corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history.

I release from all liability all persons, companies, employers and schools supplying such information. I indemnify Southern Heat Exchanger Services, Inc. against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand that I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Please print clearly:

Your Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date(s) degree(s) received, if applicable: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number and Issuing State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Southern Heat Exchanger Services, Inc., or as a condition of my continued employment with Southern Heat Exchanger Services, Inc., Southern Heat Exchanger Services, Inc. may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Southern Heat Exchanger's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Southern Heat Exchanger Services, Inc. will provide me with a copy of any such report if the information contained in such a report is, in any way, to be used in making a decision regarding my fitness for employment with Southern Heat Exchanger Services, Inc. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

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Signature of Applicant/Employee

Date

Printed Name of Applicant/Employee: \_\_\_\_\_