

Southern Chill A/C & Heating, LLC
Employment Application

PERSONAL INFORMATION

Full Name: _____ Date of Birth _____

Phone Number: _____ Email Address : _____

Address: _____

City: _____ State: _____ Zip: _____

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No Do you have a valid driver's license? ☐ Yes ☐ No

State Issued: _____ License #: _____ Are you 18 or older? ☐ Yes ☐ No

Can you pass a background check & drug screening? ☐ Yes ☐ No

POSITION INFORMATION

Position Applying For: ☐ HVAC Installer ☐ Service Technician ☐ Office/Admin ☐ Warehouse ☐ Management

☐ Other: _____

Type of Employment Desired: ☐ Full-Time ☐ Part-Time ☐ Temp/Seasonal ☐ Internship

Date Available: _____ Desired Pay Rate: \$_____/hr

EXPERIENCE & SKILLS

Years of HVAC Experience: ☐ None ☐ <1 Year ☐ 1-3 Years ☐ 3-5 Years ☐ 5+ Years Certifications:

☐ EPA 608 ☐ NATE ☐ HVACR License ☐ OSHA 10/30 ☐ Sheet Metal ☐ Manual J/S/D ☐ Brazing ☐ Electrical

☐ Refrigeration ☐ Other Skills

EMPLOYMENT HISTORY

Employer: _____ Position: _____ Dates: _____

Supervisor & Phone: _____

Reason for Leaving: _____

Employer: _____ Position: _____ Dates: _____

Supervisor & Phone: _____

Reason for Leaving: _____

Employer: _____ Position: _____ Dates: _____

Supervisor & Phone: _____

Reason for Leaving: _____

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EDUCATION & TRAINING

High School: _____ College/Trade School: _____

Other _____

☐ Diploma ☐ GED ☐ None

Training: _____

Year: _____ Degree: _____

REFERENCES

1. Name: _____ Relationship: _____ Phone: _____

Email: _____

2. Name: _____ Relationship: _____ Phone: _____

Email: _____

ADDITIONAL QUESTIONS

Why do you want to work at Southern Chill? _____

How do you handle high-stress situations or upset customers?

APPLICANT STATEMENT

I certify that the information provided is true and complete. I understand any false or misleading information may disqualify me or result in termination. I authorize Southern Chill A/C & Heating, LLC to verify information including previous employment, education, and references.

Signature: _____ Date: _____