

PREMIER COMFORT SERVICES INC.

3157 Laurel Ridge Circle,
 Riviera Beach, FL, 33404
 Tel: 561-444-3670
 Fax: 561-766-1868
 Website: premiercomfortac.com

EMPLOYMENT APPLICATION FORM

Programs, services and employment are equally available to everyone. Please inform the Human Resource Dept. if you require reasonable accommodations for the application or interview.

Date: / / (DD/MM/YYYY)

APPLICATION DATA**Position applied for:**

Full Name: _____
LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Date available to start: _____ Social Security #: _____ Expected Salary: _____

Have you ever worked for this company before? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No

If no, are you legally allowed to work in the United States? Yes No

Type of employment desired: Full-time Part-time Temporary Seasonal

Driver's license number: _____ State: _____

Referred by: _____

(Answering "yes" to the following question does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.)

Have you ever pled "guilty", "no contest", or been convicted of a crime? Yes No

If yes, give dates and details: _____

EDUCATION

1. High School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No

2. College/University: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

3. College/University: _____ Address: _____

of Years Completed: _____ Did your graduate? Yes No Degree: _____

4. Trade School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Certification: _____

EMPLOYMENT HISTORY

1. Employer: _____ Dates Employed: (from) _____ to _____
MM/YYYY MM/YYYY
Address: _____ City _____ State _____ Zip _____
Phone: _____ Starting Salary: _____ Ending Salary: _____
Title/Duties: _____

Supervisor's Name & Title: _____
Reason for Leaving: _____

2. Employer: _____
Dates Employed: (from) _____ to _____
MM/YYYY MM/YYYY
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Starting Salary: _____ Ending Salary: _____
Title/Duties: _____

Supervisor's Name & Title: _____
Reason for Leaving: _____

REFERENCES

Please furnish the names, addresses and telephone numbers of two people neither of which is your spouse, your relative and a past or present employer.

1. Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
2. Name: _____ Relationship: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any of the individuals and organizations listed on this application to give you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to promise any other personnel action, either before or after I accept employment or to guarantee any benefits or terms of conditions of employment or to make any other agreement which is contrary to this agreement.

Name (please print): _____

Signature: _____ Date: _____