

2470 Faber Rd
 North Charleston, SC 29405
 Phone: (843)554-8600
 Fax: (843)746-9484
www.morelliair.com

Position Applying for: _____

Application Date: ____ / ____ / ____

Personal Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ____ - ____ - ____ Work Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Email Address: _____

How did you hear about our company? _____

Employment Information

Citizenship/Work Status: U.S. Citizen Green Card Holder U.S. Work Permit/Visa Canadian Citizen Canadian Work Permit/Visa

Current Employer: (if any) _____

Years of Work Experience directly related to the position you are applying for: _____

Employment Type Desired: Full-Time Part-Time

Desired Compensation: \$ _____ Hourly Annual

Other Compensation Desired: _____

When are you available to start work? _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS COMPLETED	MAJOR & DEGREE
HIGH SCHOOL				
COLLEGE / UNIVERSITY				
BUSINESS OR TRADE SCHOOL				
PROFESSIONAL SCHOOL				

Criminal History

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (except any minor traffic violations)? _____ No _____ Yes

If yes, please explain and attach any relevant documentation. _____

Driver's License Information

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ Yes _____ No

Do you have a reliable transportation to work (please be specific)? _____

Driver's License number: _____ State of issue: _____

____ Operator ____ Commercial (CDL) ____ Chauffeur Do you have a clean driving record? _____ Yes _____ No

List any moving violations and / or accidents from the last 3 years: _____

Military Service

HAVE YOU EVER BEEN IN THE ARMED FORCES? _____ Yes _____ No Branch: _____

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVES? _____ Yes _____ No

Specialty: _____ Date Entered: _____ Discharge Date: _____

Work Experience

Please list your work experience for the past 5 years beginning with your most recent job.
If you were self-employed, give firm name. Attach additional sheets if necessary. Attached Resume if applicable.

Name of Employer: _____

Address with city / state / zip: _____

Phone: _____

Name of last supervisor: _____ Dates employed: _____

Your last job title: _____ Starting Salary: _____ Final Salary: _____

Specific reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact this employer? _____ Yes _____ No

Work Experience

Name of Employer: _____

Address with city / state / zip: _____

Phone: _____

Name of last supervisor: _____ Dates employed: _____

Your last job title: _____ Starting Salary: _____ Final Salary: _____

Specific reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact this employer? _____ Yes _____ No

Name of Employer: _____

Address with city / state / zip: _____

Phone: _____

Name of last supervisor: _____ Dates employed: _____

Your last job title: _____ Starting Salary: _____ Final Salary: _____

Specific reason for leaving: _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

May we contact this employer? _____ Yes _____ No

If you require additional sheets please ask.

Skills

Please rate yourself as to the knowledge that you have on each of the following subjects. Zero is no knowledge and 10 is expertise in the given subject.

Heating / Oil: _____

Heating / Gas: _____

Heating / Electric: _____

A/C Commercial: _____

A/C Residential: _____

Heat Pump Services: _____

Hydronic: _____

Geothermal Systems: _____

Energy Management Systems: _____

Chill Water Service: _____

Variable Refrigerant Flow / Systems: _____

Please list any other skills and your proficiency level: _____

Certifications & Licenses

Please list any certifications and licenses you have, if applicable include the state and license numbers:

Additional Information

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. If you have a resume, please include it with this application.

Professional References

Please list 3-4 people you have worked with who can attest to your on the job experience and performance.

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Telephone: _____ Telephone: _____

Email Address: _____ Email Address: _____

Name: _____ Name: _____

Position: _____ Position: _____

Company: _____ Company: _____

Telephone: _____ Telephone: _____

Email Address: _____ Email Address: _____

APPLICANT DISCLOSURE AND CONSENT FOR BACKGROUND INVESTIGATION

As part of the process of determining your eligibility for employment, and, in the event you are hired, your continued employment with Morelli Heating and Air Conditioning (MHAC), MHAC may conduct an investigation of your background by obtaining a Consumer Report, i.e. a background check, relating to you from a Consumer Reporting Agency of it's choice. No Consumer Report will be used in violation of any Federal or State Equal Employment Opportunity law or Regulation. If MHAC intends to take any adverse action based in whole or in part on information contained in your background report, you will be provided with a copy of the report and a description of your rights under the Fair Credit Reporting Act.

I hereby authorize MHAC to make an independent investigation of my background by obtaining a Consumer Report, i.e. background check, relating to me from a Consumer Reporting Agency of MHAC's choice. I understand that this report may include a criminal record check, validation of previous names and addresses, verification of education, driving record, verification of current and previous employment, and interviews with personal references provided by me. This consent form does NOT authorize a credit report, or access to workman's comp records.

I understand and agree that the information contained in my background report will be used solely to determine my eligibility for employment; and if I am hired, my eligibility for continued employment; and that action may be taken by MHAC based on this information. To assist MHAC in obtaining my background report, the following information is provided:

Full Name *(Printed)* _____

Date of Birth _____

SSN _____

Driver's License # _____

State _____

Day Time Phone # _____

Cell Phone # _____

List all previous names up to and including present name for the last 10 years (maiden name, previous married names, etc)

NAME	DATE FIRST USED

List all current and previous addresses for the past 10 years. P. O. Boxes are not acceptable.

ADDRESS: STREET - CITY - STATE	DATE: FROM - TO

Applicant Signature _____

Date _____

AUTHORIZATION TO OBTAIN CREDIT REPORT

I hereby authorize Low Country Drug Screening, or its agents, to obtain a copy of my credit history from HireRight Inc. Additionally, I release all such agencies / services from all liability for any damages I experience as a result of their furnishing said information to Low Country Drug Screening.

FULL NAME (Printed): _____
(First) (Middle) (Last)

OTHER NAMES USED / DATES _____

CURRENT ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____ DOB: _____

SIGNATURE: _____ DATE: _____