



DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ SSN # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

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

PREVIOUS ADDRESS \_\_\_\_\_  
Street City State Zip

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

PHONE NUMBER \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

Can you present proof of your right to work legally in the United States?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_

If yes, give details \_\_\_\_\_

Do you have any friends or relatives who work for the "National Hood Exhaust & Fire Group" or related company?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ Date you can start? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Have you applied to or worked for " National Hood Exhaust & Fire Group" before?

YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", when? \_\_\_\_\_

## EDUCATION

	Name & Location of School Attended	How many years?	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Other				

Subjects of special study or research work \_\_\_\_\_

U.S. Military Service or Reserves (Dates, Rank, Discharge) \_\_\_\_\_

## REFERENCES

Give below the names of 3 persons not related to you, whom you have known at least one year.

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Business \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

## EMPLOYMENT

LIST ALL THE JOBS YOU HAVE HAD STARTING WITH THE MOST RECENT

Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Length of Service	Hourly Rate/Salary Start-Final	Reason for Leaving
FROM		
TO		

Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Length of Service	Hourly Rate/Salary Start-Final	Reason for Leaving
FROM		
TO		

Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Length of Service	Hourly Rate/Salary Start-Final	Reason for Leaving
FROM		
TO		

Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Length of Service	Hourly Rate/Salary Start-Final	Reason for Leaving
FROM		
TO		

If you need additional space, please continue on a separate sheet of paper.

**SPECIAL SKILLS & QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience

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**IN CASE OF AN EMERGENCY**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

I certify that the information provided in this Application for Employment is true, correct and complete. I agree that if I am employed, **NATIONAL HOOD EXHAUST & FIRE GROUP** may terminate my employment for any false or misleading statements or omissions in this application, whenever they may be discovered.

I authorize a medical examination, including drug screen, by an examiner selected by **NATIONAL HOOD EXHAUST & FIRE GROUP**

I agree that, if hired, my employment is for no definite period and maybe terminated at any time for any reason by either me or **NATIONAL HOOD EXHAUST & FIRE GROUP**. I agree that this cannot be changed except in writing by the Company's President, and that any representations to the contrary are not binding on **NATIONAL HOOD EXHAUST & FIRE GROUP**.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I Authorize **NATIONAL HOOD EXHAUST & FIRE GROUP** to investigate my personal history and financial and credit record through any investigative or credit agency of its choice.

I authorize any reference, school, hospital, doctor, former employer or other person to disclose to **NATIONAL HOOD EXHAUST & FIRE GROUP** upon request any information they may have about me and I release all liability for disclosing such information to **NATIONAL HOOD EXHAUST & FIRE GROUP**. I understand that **NATIONAL HOOD EXHAUST & FIRE GROUP** may obtain or prepare an investigative consumer report in connection with my application for employment. I understand that I may make a written request for disclosure of the nature and scope of the investigation.

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