



# Application for Employment

Equal Opportunity Employer

## Aplicacion De Empleo

Empleador de Igualdad de Oportunidades

CHRISTIANSON Air Conditioning & Plumbing, IS PROUD TO OFFER A DRUG-FREE WORKPLACE. ALL APPLICANTS ARE REQUIRED TO SUBMIT TO A PRE-EMPLOYMENT DRUG SCREEN.

CHRISTIANSON Air Conditioning & Plumbing, ORGULLOSAMENTE OFRECE UN AMBIENTE DE TRABAJO LIBRE DE DROGAS. TODOS SOLICITANTES SON REQUERIDOS A SOMETERSE A UN COMPROBANTE DE DROGA DE PRE EMPLEO.

<b>Personal Information/Información Personal</b>			<b>Date/Fecha</b>	
Name/Nombre			Social Security Number/Numero del Seguro Social	
Last/APELLIDO	First/Primer Nombre	Middle/Segundo Nombre		
Present Address/Dirección				
Street/Calle		City/Ciudad	State/Estado	Zip/Código Postal
Phone Number/Teléfono		How did you learn of this opening? ¿Cómo escuchó de esta posición? List relatives/friends who work for CHRISTIANSON. Añote los parientes /amigos que trabajan para CHRISTIANSON.		
Home/Hogar ( )				
Work/Trabajo ( )				
Cell/Celular ( )				
Have you ever applied to, or been employed by CHRISTIANSON Air Conditioning & Plumbing? If yes, give date of application/employment. ¿Ha aplicado anteriormente, o fue empleado por CHRISTIANSON Air Conditioning & Plumbing? Si respondió sí, de la fecha de la aplicación o empleo.				
Can you perform the essential functions of this job with or without reasonable accommodation? ¿Puede realizar las funciones esenciales de este trabajo con o sin un alojamiento razonable?		YES SI	NO NO	
If accommodation were needed, what would that be? ¿Si necesita un alojamiento, cual sería?				
Are you 18 years of age or older? ¿Tiene 18 años de edad o más?		If hired, can you submit certification of your legal right to work in the U.S.? ¿Si es contratado, puede certificar su derecho legal para trabajar en Los EE.UU.?		
<b>Employment Desired/Empleo que Desea</b>				
Position Desired/Posición que Desea	Salary Desired/Salario que Desea	Date Available to Start/ Fecha Disponible para Comenzar	Type of Employment/Tipo de Empleo ___ Full-time/Tiempo Completo ___ Part-time/Medio Tiempo ___ Summer/Verano ___ Intern/Interno	
<b>Felony/Misdemeanor Convictions</b>  <i>Un Crimen Grave/ Convicciones de Delito Mayor</i>	NOTE: A criminal conviction, deferred prosecution/adjudication, probation, court supervision, found or plead guilty to a criminal charge, or pending charge will not necessarily disqualify an applicant from employment. The date of conviction, nature of crime and other relevant factors will be considered in making the employment decision. NOTA: Una convicción criminal, un juicio diferido / la sentencia, la libertad condicional, la supervisión tribunal, haber sido procesado culpable de un cargo criminal, o un cargo pendiente no descalificara necesariamente a un solicitante del empleo. La fecha de la convicción, la naturaleza del crimen y otros factores pertinentes serán consideradas al hacer la decisión del empleo.			
Have you ever been convicted, received deferred prosecution/adjudication, probation, court supervision, or found/plead guilty to a criminal charge (felony or misdemeanor)? ¿Ha sido condenado, ha recibido un juicio diferido / la sentencia de libertad condicional, la supervisión tribunal, o se encuentra / impiora culpable de un cargo criminal (crimen grave o delito mayor)?		YES SI	NO NO	
If yes, state nature of the crime(s), location/jurisdiction, and disposition of the case (attach separate sheet if necessary): Si respondió sí, anote la naturaleza del crimen(es), la ubicación / la jurisdicción, y la disposición del caso (adjunte una hoja separada si es necesario):				

<b>Driver's License</b>  <i>Licencia del Conductor</i>	<p>The following section must be completed if you are applying for a position that requires the operation of a motor vehicle, owned or leased by the company, or if you must use your own vehicle for company purposes. If assigned a company vehicle, you will be subject to periodic Driver License Record check.</p> <p>La siguiente sección se debe completar si usted solicita una posición que requiere la operación de un vehículo automotriz, arrendado por la compañía, o si usted debe usar su propio vehículo para propósitos de la compañía. Si es asignado a un vehículo de la compañía, usted será sometido a una revisión periódicamente de su Historia de Violaciones de Conducir de vehículos.</p>					
<b>Driver's License Number:</b> _____ <i>Número de Licencia</i>		<b>State Issued:</b> _____ <i>Estado</i>		<b>Exp Date:</b> _____ <i>Fecha de Vencimiento</i>		
<b>Has your driver's license ever been suspended or revoked for any reason?</b> <i>¿Tiene o ha tenido su licencia suspendida o revocada por alguna razón?</i>		<b>YES</b> <i>SI</i>	<b>NO</b> <i>NO</i>			
<b>If yes, Please give date and reason:</b> _____ <i>Si respondió sí, de por favor la fecha y la razón</i>						
<b>Have you been involved in a vehicle accident of any type within the last 5 years?</b> <i>¿Ha sido implicado en un accidente de vehículo de cualquier tipo dentro de los últimos 5 años?</i>		<b>YES</b> <i>SI</i>	<b>NO</b> <i>NO</i>			
<b>If yes, give date(s), the nature and severity of the accident(s).</b> _____ <i>Si respondió sí, de la fecha(s), la naturaleza y la severidad del accidente(s)</i>						
<b>If you have been convicted of driving while intoxicated or under the influence, please explain:</b> <i>Si usted ha sido condenado de un delito de conducir bajo la influencia o mientras ebrio, explique por favor:</i>						
<b>List traffic citations you have received during the last 5 years preceding date of this application, and state the disposition of each, such as "dismissed", "paid fine", "defensive driving", etc.</b> <i>Añote las violaciones de tráfico que usted ha recibido durante los últimos 5 años que preceden la fecha de esta aplicación, y anote la disposición de cada, "multa pagada", "sin culpa", "clase de manejo defensivo", etc.</i>						
<b>DATE/FECHA</b>		<b>TYPE/TIPO</b>		<b>DISPOSITION/DISPOSICION</b>		
<hr/>		<hr/>		<hr/>		
<hr/>						
<b>Education/ Educación</b>						
<b>Grammar School</b> <i>Primaria</i>	<b>Name and Location</b> <i>Nombre y Localidad</i>	<b>Curso / Major Course/Major</b>	<b>Years Attended</b> <i>Años de Asistencia</i>	<b>Degree or Diploma Received</b> <i>Certificado o Licencia Recibida</i>		
<b>High School</b> <i>Preparatoria</i>						
<b>College</b> <i>Colegio</i>						
<b>Technical/ Business School</b> <i>Escuela Técnica o de Negocio</i>						
<b>Professional Credentials or Certifications</b> <i>Credenciales o Certificados</i>						
<b>Skills/ Habilidades</b>						
<b>List any skills you have that are relevant to the job for which you are applying:</b> <i>Liste cualquier habilidad que usted tiene que pertenece al trabajo para el cual usted aplica:</i>						
<hr/> <hr/>						
<b>HVAC/Plumbing Skills (circle one)</b> <i>HVAC/ Fontanera / plomería (marque uno)</i>		<b>Laborer</b> <i>Ayudante</i>	<b>Apprentice</b> <i>Aprendiz</i>	<b>Journeyman</b> <i>Licenciado</i>	<b>Foreman</b> <i>Supervisor</i>	<b>Superintendent</b> <i>Superintendente</i>
<b>Professional License Held:</b> _____ <i>Licencia Profesional Obtenida</i>		<b>State</b> _____ <i>Estado</i>	<b>Number</b> _____ <i>Numero</i>	<b>Date Expires</b> _____ <i>Fecha que se vence</i>		

<b>Employment History</b> <i>Historia de Empleo</i>	<p>This section must be completed: List below all present and past employment starting with your most recent employer (last ten years). Account for all periods of unemployment. You must complete this section even if attaching resume. Attach an additional sheet if necessary.</p> <p>Debe completar esta sección: Anote todo empleo presente y pasado comenzando con su empleo más reciente (durante los últimos diez años). Justifique todos los períodos de desempleo. Usted debe completar esta sección aunque entregue un resumen. Adjunte una hoja adicional si es necesario.</p>
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ARE YOU CURRENTLY EMPLOYED?                      YES            NO  
 ¿ACTUALMENTE TIENE EMPLEO?                    SI                NO

<b>1.</b>	Company/Compañía	Job Title/Position/ Título del Puesto/Posición	Salary/wage Salario / sueldo	Dates of Employment Fecha de Empleo
	Address/Dirección	Supervisor/Supervisor	Phone/Teléfono	From (mo/yr) De
	Description of Duties (Indicate responsibilities, accomplishments and contributions) Descripción de Deberes (indique responsabilidades, logros y contribuciones)			Reason For Leaving Motivo por su Salida
	May we contact this employer? ¿Nos permite comunicarnos con este empleador?			YES NO SI NO
<b>2.</b>	Company/Compañía	Job Title/Position/ Título del Puesto/Posición	Salary/wage Salario/sueldo	Dates of Employment Fecha de Empleo
	Address/Dirección	Supervisor/Supervisor	Phone/Teléfono	From (mo/yr) De
	Description of Duties (Indicate responsibilities, accomplishments and contributions) Descripción de Deberes (indique responsabilidades, logros y contribuciones)			Reason For Leaving Motivo por su Salida
	May we contact this employer? ¿Nos permite comunicarnos con este empleador?			YES NO SI NO
<b>3.</b>	Company/Compañía	Job Title/Position/ Título del Puesto/Posición	Salary/wage Salario/sueldo	Dates of Employment Fecha de Empleo
	Address/Dirección	Supervisor/Supervisor	Phone/Teléfono	From (mo/yr) De
	Description of Duties (Indicate responsibilities, accomplishments and contributions) Descripción de Deberes (indique responsabilidades, logros y contribuciones)			Reason For Leaving Motivo por su Salida
	May we contact this employer? ¿Nos permite comunicarnos con este empleador?			YES NO SI NO
<b>4.</b>	Company/Compañía	Job Title/Position/ Título del Puesto/Posición	Salary/wage Salario/sueldo	Dates of Employment Fecha de Empleo
	Address/Dirección	Supervisor/Supervisor	Phone/Teléfono	From (mo/yr) De
	Description of Duties (Indicate responsibilities, accomplishments and contributions) Descripción de Deberes (indique responsabilidades, logros y contribuciones)			Reason For Leaving Motivo por su Salida
	May we contact this employer? ¿Nos permite comunicarnos con este empleador?			YES NO SI NO

Please explain all periods of unemployment:  
Explique por favor todos períodos de desempleo:

**Military Service Record/ Récord de Servicio Militar**

Are you a U.S. Veteran? YES NO Dates of Service: \_\_\_\_\_  
 ¿Es usted un veterano de EE.UU.? SI NO Fechas de Servicio

List any training you received in the U.S. Armed Forces that is relevant to the position you are applying for:  
 Añote cualquier entrenamiento que recibió en las Fuerzas Armadas que es pertinente a la posición que usted solicita:

**Emergency Contact/ Contacto de Emergencia**

In Case of Emergency Notify:  
 En Caso de Emergencia Notifique a:

Name/Nombre \_\_\_\_\_ Phone/Teléfono \_\_\_\_\_

**Professional References/ Referencias Profesionales**

1.	Name/Nombre _____	Company/Address Compañía/ Dirección _____	
	Business Relationship/Relación de Negocio _____	Phone/ Teléfono _____	Years Known/ Años Conocidos _____
2.	Name/Nombre _____	Company/Address Compañía/ Dirección _____	
	Business Relationship/Relación de Negocio _____	Phone/ Teléfono _____	Years Known/ Años Conocidos _____
3.	Name/Nombre _____	Company/Address Compañía/ Dirección _____	
	Business Relationship/Relación de Negocio _____	Phone/ Teléfono _____	Years Known/ Años Conocidos _____

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I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment. I also understand that an incomplete or unsigned application will not be considered. I authorize investigation of statements contained herein and the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you. I understand that, if hired, the employer follows an "employment at will" policy, in that I, or the employer, may terminate my employment at any time with or without cause. This "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of CHRISTIANSON Air Conditioning & Plumbing. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

*Certifico que el contenido de esta aplicación es verdad y completa al mejor de mi conocimiento y entiendo que cualquier omisión o falsificación será causa suficiente para el despido o para negar empleo. Entiendo también que una aplicación incompleta o sin firma no será considerada. Autorizo la investigación de declaraciones contenidas en esta aplicación y las referencias anotadas anteriormente cualquier y toda información con respecto a mi empleo previo y cualquier información pertinente que ellos pueden tener, y para poder liberar todos partidos de toda responsabilidad por cualquier daño que puede resultar de proporcionar lo mismo a usted. Entiendo, si empleado, el empleador sigue "el empleo a voluntad" como norma, en que yo o el empleador podemos terminar mi empleo a cualquier momento, con o sin causa. Este "empleo a voluntad" como norma no se puede cambiar verbalmente ni por escrito, a menos que el cambio sea autorizado específicamente por escrito de el Presidente de CHRISTIANSON Air Conditioning & Plumbing. Entiendo que La Ley Federal prohíbe el empleo de extranjeros no autorizados; todas personas empleadas deben someter la prueba satisfactoria de la autorización del empleo y la identificación; falta de someter tal prueba tendrá como resultado el rechazo del empleo.*

Signature/Firma \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

# Applicant Notification / Release of Information

## Fair Credit Reporting Act Disclosure

CHRISTIANSON, Air Conditioning & Plumbing

- when considering your application for employment
- when making a decision whether to offer you employment
- when deciding whether to continue your employment (if you are hired); and
- when making other employment related decisions directly affecting you.

may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant for employment or employee of Christianson, you are a "consumer" with rights under the FCRA.

- I. A "consumer reporting agency" is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing "consumer reports" to others, such as Christianson.
- II. A "consumer report" is a written, oral, other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.
- III. If Christianson obtains a "consumer report" about you, and if Christianson considers any information in the "consumer report" when making employment related decision that directly and adversely affect you, you will be provided with a copy of the "Consumer report" before the decision is finalized. You also may contact the Federal Trade Commission about your rights under the FCRA as "consumer" with regard to "consumer reports" and "consumer reporting Agencies."

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or any agent of Christianson 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 release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative consumer Report is conducted, I will be notified in writing within three days from request of said report. 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.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

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

Please write clearly in pen only.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any other name used in the last 7 years \_\_\_\_\_

Date of Birth (for ID purposes only): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Professional License Held \_\_\_\_\_ State \_\_\_\_\_ Lic. # \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

List other cities or towns you have lived in the past 7 years. Use additional form if necessary

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Background Investigations completed by:  
A-Check America, PO Box 29048, Glendale, CA 9120-9048, (877) 345-2021





DRUG TEST REQUIREMENT FORM

In consideration for my employment by CHRISTIANSON Air Conditioning and Plumbing, I agree to submit to a drug test prior to my employment.

I acknowledge that if I am hired before the results of the test are received, and it subsequently is determined to be positive, my employment by CHRISTIANSON Air Conditioning and Plumbing will be terminated for just cause.

I acknowledge that if the drug test results are received prior to my start date, and it is determined to be positive, this offer of employment will be withdrawn.

I further acknowledge that I will not be considered for submitting an application for rehire until a minimum of three months have passed, if the test results are positive.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date

REQUISITO DE PRUEBA DE DROGAS

En consideración de mi empleo con CHRISTIANSON Air Conditioning and Plumbing, estoy de acuerdo para someterme a una prueba de drogas.

Reconozco que si soy empleado antes de que reciban los resultados de la prueba de drogas y si el resultado es positivo, mi empleo se terminará con CHRISTIANSON Air Conditioning and Plumbing.

Reconozco que si los resultados de la prueba de la droga se determinan ser positivo antes de mi fecha de comienzo, esta oferta del empleo se retirará.

Reconozco que no puedo solisitar empleo hasta que un mínimo de tres meses haya pasado, si los resultados de la prueba de la droga son positivos.

\_\_\_\_\_  
La Firma del solicitante

\_\_\_\_\_  
La fecha

\_\_\_\_\_  
Firma de Representante de la compania

\_\_\_\_\_  
La fecha

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	