



Application For Employment

We consider applicants for all positions without regard to race, disability, religion, sex, national origin, age or any other legally protected statuses pursuant to the Texas Employment Discrimination Law and other relevant federal, state and local laws.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied for _____

How Did You Learn About Us? _____

Advertisement ☐ Friend ☐ Inquiry ☐

Employment Agency ☐ Relative ☐ Other ☐ _____

Last Name: _____ First Name: _____ Middle Name: _____

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

Telephone Number(s): _____ Social Security Number: _____ - _____ - _____

Best time to contact you at home is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work?

☐ Yes ☐ No

Have you ever filed an application with us before?

☐ Yes ☐ No

If yes, give date _____

Have you ever been employed with us before?

☐ Yes ☐ No

If yes, give date _____

Do any of your friends or relatives, other than spouse, work here?

☐ Yes ☐ No

If yes, state name, relation and location _____

Are you currently employed?

☐ Yes ☐ No

May we contact your present employer?

☐ Yes ☐ No

Have you ever been convicted of a crime?

☐ Yes ☐ No

If yes, describe _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.

☐ Yes ☐ No

Date available to work: _____ What is your desired salary range? _____

Are you available to work: ☐ Full Time (Please indicate 1 2 3 shift)

☐ Part Time (Please indicate Mornings Afternoon Evenings)

☐ Temporary (Please indicate dates available _____ to _____)

Are you currently on "lay-off" and subject to recall?

☐ Yes ☐ No

Can you travel if a job requires it?

☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

3917 West University, Edinburg, TX 78539

Lic.# TACLA009757C

(956) 381-1162

(956) 630-6645

v.7.10

1-888-298-3244

Fax (956) 381-0504

EDUCATION				
School	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Under Graduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, and national origin, disabilities or other protected status.

Employer:	Dates Employed:
Address:	Hourly Rate: Start Final
Telephone:	Work Performed:
Starting/Present Job Title:	
Supervisor:	
Reason for Leaving:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates Employed:
Address:	Hourly Rate: Start Final
Telephone:	Work Performed:
Starting/Present Job Title:	
Supervisor:	
Reason for Leaving:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates Employed:
Address:	Hourly Rate: Start Final
Telephone:	Work Performed:
Starting/Present Job Title:	
Supervisor:	
Reason for Leaving:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	Dates Employed:
Address:	Hourly Rate: Start Final
Telephone:	Work Performed:
Starting/Present Job Title:	
Supervisor:	
Reason for Leaving:	May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of any gaps in employment. Please explain any gap(s) between employment.

DRIVER'S LICENSE (Only for positions which require driving)Do you have a valid Driver's License? ☐ Yes ☐ No

Driver's License Number _____ State of Issue _____

Expiration Date _____

Any restrictions? ☐ Yes ☐ No

If so, what? _____

How many years have you been driving with a valid Driver's License? _____

Do you have automobile insurance? ☐ Yes ☐ NoAre you eligible to be insured? ☐ Yes ☐ NoHave you had any accidents in the past three years? ☐ Yes ☐ No

How many? _____

Have you had any moving violations during the past three years? ☐ Yes ☐ No

How many? _____

Have you ever had a DWI/DUI? ☐ Yes ☐ No

How many? _____ Year it occurred _____

If driving a company vehicle is a part of the job position you are applying for it is your responsibility to maintain a valid license and driving record that is acceptable to our insurer. Conditions for continued employment require that you remain insurable. If you are uninsurable or become uninsurable at any time you may be terminated.

Criminal Background Check Authorization and Release Form

I, _____, hereby authorize any law enforcement agency to furnish CYTECH HEATING & COOLING, L.C. or its agent information related to my criminal history. I hereby release CYTECH HEATING & COOLING, L.C. and all its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to CYTECH HEATING & COOLING, L.C. I certify that the statements made by me on this form are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my consideration for employment/continued employment, and could result in disciplinary action including termination.

Signed _____

Date _____

Date of Birth _____

Describe any specialized training, apprenticeships, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experiences

Specialized Skills (✓ Skills/Equipment Operated)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
PC/MAC	Word Processing		
Typewriter	Shorthand		
WPM	WPM		

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of activities involved in such a job or occupation has been given?

☐ Yes ☐ No

Personal/Professional References (Do not include family members or past supervisors.)

Name	Phone Number	Best Time To Call	Occupation
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Applicant's Statement

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____

Date: _____

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

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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/Review%20of%20Personal%20Criminal%20History) 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES _____ NO _____ initial

Purpose of CCH: _____

Empl _____ Vol/Contractor _____ initial

Date Printed: _____ initial

Destroyed Date: _____ initial

Retain in your files