## **EMPLOYMENT APPLICATION**

Active for 90-days

## LARRY BATCHELOR MECHANICAL, LLC d/b/a MILLS HEATING AND AIR 237 BULLDOG RD FREEPORT, FL 32439

Ph: 850 835-0327

Fax: 850 835-1057

| <b>DATE:</b>       |       |      |  |
|--------------------|-------|------|--|
| Name:              |       |      |  |
| Social Security #: | -     | _    |  |
| Address:           |       |      |  |
| City:              | St:   | Zip: |  |
| Phone:             | Cell: |      |  |
| Email:             |       |      |  |

| NOTICE: This application is to evaluate your of employment it is to be strictly on an "at will" bas Mechanical, LLC. d/b/a Mills Heating and Air appropriately and accurately. False or misleading grounds for terminating the application process. termination. All qualified applicants will receiv national origin, disabilities or religion. A felony additional testing of job-related skills will be required to complete a medical designated by the employer. | sis. Which means your enter at any time for any reasing information or statement False information discover consideration without conviction will not necessaired prior to employmenter | mployment may be terminated on not prohibited by law.  Into given, on this form or divered after employment will discrimination of sex, marissarily bar an applicant from the After and offer of employment. | ated by You or Larry Batchelor All questions are to be answered during the interview, will be ill result in immediate ital status, race, age, creed, m employment. Drug testing and loyment and prior to reporting to |
|---|---|--|---|
| Position applying for:  |   | Rate of pay requested:   | \$  |
| FULL TIME   PART-TIME   | темр 🗆  |  | BLE:  |
| EDUCATION   |   |  |   |
| HIGH SCHOOL:  | YEAR L  | AST COMPLETED:   | GRADUATED?  |
| COLLEGE:  |   |  |   |
| OTHER (specify):  |   |  |   |
| JOB RELATED SKILLS: DO NOT FIL  | L OUT ANY SECTION T   | HAT YOU DO NOT BELI  | EVE TO BE JOB RELATED.  |
| Have you had specific job requirements/descript   | tion explained to you?  | Do you underst   | and requirements?   |
| Do you have a valid driver's license?   |   |  |   |
| State of Issue: Type:   |   |  |   |
| Moving Violations in Last 3 years?  |   |  |   |
| Other skills, licenses or certifications that are   |   |  |   |
| Other skins, hooliges or overtiteditions that are   | ob foracci.   |  |   |
| SECURITY  |   |  |   |
| Have you been convicted or served time for a feld   | ony in the past 7 years?  | If yes please g  | ive details:  |
| Have you used any other names besides the on list   | ted on this page?   | If yes please list   | ·   |

| Have you been convicted or served time for a felony in the past 7 years? | If yes please give details: |
|--|-----------------------------|
| Have you used any other names besides the on listed on this page?        | If yes please list:         |
|  |                             |

## **EMPLOYMENT HISTORY**

NOTE: Correct contact information for previous employers is required.

| Most recent employer first:                    |  |   |             |
|--|--|---|-------------|
| DATES OF EMPLOYMENT: FROM: _                   | TO:  | REASON FOR LEAVINIG:  |             |
| COMPANY NAME:                                  |  | SUPERVISOR:   |             |
|  |  | PHONE:  |             |
|  |  | JOB TITLE:  |             |
| DESCRIPTION OF WORK:                           |  |   | <del></del> |
| DATES OF EMPLOYMENT: FROM:                     | TO:  | REASON FOR LEAVINIG:  |             |
| COMPANY NAME:                                  |  | SUPERVISOR:   |             |
|  |  | PHONE:  |             |
|  |  | JOB TITLE:  |             |
| DESCRIPTION OF WORK:                           |  |   |             |
| DATES OF EMPLOYMENT: FROM:                     | TO:  | REASON FOR LEAVINIG:  |             |
|  |  |   |             |
| COMPANY NAME:                                  |  | SUPERVISOR:   | <del></del> |
|  |  | SUPERVISOR:   |             |
| ADDRESS:                                       |  | SUPERVISOR:PHONE:   | <del></del> |
| ADDRESS:BEGINNIG WAGE: \$                      | ENDING WAGE: \$                                  | SUPERVISOR:   |             |
| ADDRESS:BEGINNIG WAGE: \$ DESCRIPTION OF WORK: | ENDING WAGE: \$                                  | SUPERVISOR:PHONE:JOB TITLE:   |             |
| ADDRESS:                                       | ENDING WAGE: \$                                  | SUPERVISOR:PHONE: JOB TITLE: YOUR WORK ABILITY. DO NOT INCLUDE RELATI                     | VES.        |
| ADDRESS:                                       | ENDING WAGE: \$<br>E INDIVIDUALS FAMILIAR WITH   | SUPERVISOR:PHONE: JOB TITLE: YOUR WORK ABILITY. DO NOT INCLUDE RELATI                     | VES.        |
| ADDRESS:                                       | ENDING WAGE: \$EINDIVIDUALS FAMILIAR WITH        | SUPERVISOR:PHONE: JOB TITLE: YOUR WORK ABILITY. DO NOT INCLUDE RELATIONSHIP:              | VES.        |
| ADDRESS:                                       | ENDING WAGE: \$EINDIVIDUALS FAMILIAR WITH        | SUPERVISOR:PHONE: JOB TITLE:YOUR WORK ABILITY. DO NOT INCLUDE RELATEPHONE: TONSHIP:PHONE: | VES.        |
| ADDRESS:                                       | ENDING WAGE: \$ EINDIVIDUALS FAMILIAR WITH RELAT | SUPERVISOR:PHONE: JOB TITLE: YOUR WORK ABILITY. DO NOT INCLUDE RELATIONSHIP:              | VES.        |

I certify that I have read and understand the applicant note on page one of this form and that the answers and statements given by me to the foregoing questions are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in the rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving record. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background. I also hereby release any said persons, schools, companies and law enforcement agencies from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited in the company facilities, vehicles, jobsites, customer locations and any time during employment. I understand as well company policy requires that I submit to drug testing prior to and during employment. I agree to mediate in good faith any issue which arises concerning my employment or termination of employment.

| SIGNATURE: | DATE: |
|------------|-------|
|            |       |