



Application for Employment

Applying to (Check One):

- abj Fire Protection Co.
- Billone Mechanical Contractors
- Woodcock and Armani Plumbing & Mechanical Contractors

INSTRUCTIONS

Each question should be fully and accurately answered. Please answer all questions as fully as possible.

PLEASE PRINT CLEARLY, except for your signature. If you have a physical or other impairment and require assistance in any part of the application process, you are entitled to receive reasonable accommodation to assist you. The request for a reasonable accommodation will not be a negative factor in your application. This will not disadvantage you in the process.

Today's Date: _____

PERSONAL DATA

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

Home Street Address: _____
City State Zip

E-Mail: _____

Telephone No.: _____ Social Security No.: _____

Position Desired: _____

Experience with Trade Equipment:

Do you have an OSHA Card? If so, please bring that to your orientation

Yes	No
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 OSHA Date of Certification: _____ CERTIFICATE #: _____

If you currently hold other certifications, please bring those cards to orientation.

An Equal Opportunity Employer

Comfort Systems USA, Inc., together with its subsidiaries, is an equal opportunity employer in all aspects of employment and prohibits discrimination and harassment of any type to all individuals regardless of race, color, religion, sex, sexual orientation, national origin, age, disability, veteran status, genetic information, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. We strive to foster a work environment that includes and embraces racial, ethnic and gender diversity and other individual differences. Our commitment to diversity and inclusion helps us attract and retain the best talent, enables employees to realize their full potential, and drives high performance through innovation and collaboration.

Name: _____
Last First MI

Social Security #: _____

APPLICANT INFORMATION

	Yes	No
Are you at least 18 years old?		
Are you legally allowed to work in the US?		
Have you ever applied for employment with us before?		
If yes, when:		
Have you ever been employed with us before?		
If yes, when:		
Are you employed now?		
May we contact your present employer?		
Are you currently on "layoff status" and subject to recall?		
Are you currently enrolled in a NYS Certified Apprentice Program?		
For employment verification, have you ever worked under a different name(s)?		
If yes, list other name(s): _____		

	Yes	No
Work Availability:		
Full Time		
Part Time		
Weekends		
Holidays		
Overtime (weekdays)		
Out of Town (100 miles or more)		

	Yes	No
Have you ever served in the United States Armed Forces?		
Date Entered: _____		
Date Discharged: _____		
Military Branch: _____		
Military Occupation: _____		

EDUCATION

	Name of School	Number of Years Attended	Did You Graduate?	
			Yes	No
High School				
College/University				
Trade School/Vocational				

Name: _____ Social Security #: _____
Last First MI

EMPLOYMENT HISTORY and PERSONAL REFERENCES

May we contact your present employer? Yes No

Please list your previous employers. Start with the present or most recent.

Company Name: _____ Position: _____

Address: _____ Employed From (month/year): _____ to _____

City: _____ Supervisor's Name: _____

Telephone #: _____ Description of Duties: _____

Reason For Leaving: _____

Eligible for Rehire: Yes No

Company Name: _____ Position: _____

Address: _____ Employed From (month/year): _____ to _____

City: _____ Supervisor's Name: _____

Telephone #: _____ Description of Duties: _____

Reason For Leaving: _____

Eligible for Rehire: Yes No

PERSONAL REFERENCE:

Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential. Please provide two (2) people who are not family who can speak on your behalf regarding your work history.

Name	Contact Number	Friend or Work
Comments:		

Name	Contact Number	Friend or Work
Comments:		

Name: _____ Social Security #: _____
Last First MI

CONSENT TO JOB CANDIDATE DRUG TESTING

"By signing and dating this form, I consent to take the required tests for drugs and/or alcohol and authorize release of any test results to Comfort Systems USA (Syracuse), Inc. (the Company). I further authorize the Company to discuss the results with the collection site personnel, the testing laboratory, the Medical Review Officer (if necessary). I further release the personnel who have tested me from any liability arising from a release of any results, written reports, medical records, and data concerning my test(s) to the appropriate Company officials."

"I understand that if I test positive, I will have the opportunity to explain or show proof of any medications to the Medical Review Officer that I have taken which may have resulted in a positive test. Only then will the screen be confirmed as positive or negative. If positive, I understand that I will be removed from further consideration of employment at this time."

"I hereby consent to the administration of the drug test and to the terms and conditions of the Consent Agreement."

Job Candidate's Signature: _____ **Date:** _____

Witness's Signature: _____ **Date:** _____

"I hereby refuse to consent to testing for the presence of drugs/alcohol. I understand by refusing to submit to drug/alcohol testing, I am withdrawing my employment application and am not eligible for employment."

Job Candidate's Signature: _____ **Date:** _____

Witness's Signature: _____ **Date:** _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages because of having furnished such information."

"I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between **Comfort Systems USA (Syracuse), Inc.** (the Company) and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company, unless made verbally by the hiring agent or in writing. I also understand that if employed, the terms and conditions of my employment, including duties, hours, working area, and days of work may be changed from time-to-time by the Company as it deems necessary. If an employment relationship is established, I understand that I have the right to terminate my employment according to the terms of any employment contract signed and that the Company retains the same right."

"I understand that prior to being offered employment with CSUSA(Syr), I may be requested to take a Comprehensive Pre-Employment Post-Offer Assessment. In the event I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing forms. The Company reserves the right to require medical documentation concerning the need for the accommodation."**

"I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time."

"I understand that this application will be kept on active file for six months from the date completed, after which time I would have to reapply in accordance with established company procedures."

Signature of Applicant: _____ **Date:** _____



Name: _____ Social Security #: _____
Last First MI

COMPANY DRIVER POLICY AND AUTHORIZATION TO OBTAIN DMV RECORD

By signing and dating this form, I consent and voluntarily authorize CSUSA(Syr) to obtain my motor vehicle driving record prior to my employment and to consider this information when making decisions concerning my employment. I understand that CSUSA(Syr) may obtain such reports at any time in my employment to evaluate my driving eligibility or continued employment. I understand that upon the company receiving an adverse report of my driving record, I will be removed from further consideration of employment at this time.

State	Driver's License Number	Expiration Date	Birth Date
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Job Candidate's Signature: _____ Date: _____

"I hereby refuse to consent to the review of my driving record. I understand by refusing to submit, I am withdrawing my employment application and am not eligible for employment."

Job Candidate's Signature: _____ Date: _____

COMPANY DRIVER POLICY

BASIC LICENSURE OF MOTOR VEHICLE QUALIFICATIONS:

- Valid driver's license
- Company continuously monitors all driver/employee Motor Vehicle Records
- Minimum age: 19 years old - van size, 21 years old - non-DOT 10-26,000 lbs, 23 DOT regulated vehicles

PRE-EMPLOYMENT/NEW HIRES/REHIRES – Hired as A Driver

- Prospective' s driving records will be obtained **BEFORE** hire (or before driving is allowed)
 - Applicant can present an original copy of driving record that is less than 10 days old
- Pre-hires for a driving position cannot have a DWI or DUI conviction within the previous 36 months (3 years), or more than ONE DWI or DUI conviction **ever**; and cannot have 3 moving violation convictions and/or accidents within the previous 36 months