



**Anctil**  
HEATING & COOLING

## Employment Questionnaire

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

- **An Equal Opportunity Employer**

We do not discriminate on the basis of race, religion, national origin, gender, sex, age, disability, worker's compensation or veteran status or any other reason prohibited by law. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job related factors.

- **Instructions**

Each question should be fully and accurately answered. No action can be taken on this questionnaire until all questions have been answered. Use blank paper if you do not have enough room.

Please Print, except for signature on back

\_\_\_\_\_  
Present Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
How long have you lived here?

\_\_\_\_\_  
Mailing Address if Different

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### **Career Interest**

- Position applied for: 1. \_\_\_\_\_ 2. \_\_\_\_\_
- How were you referred to this company? \_\_\_\_\_
- Are you seeking: ☐ Full Time ☐ Part Time ☐ Temporary or summer employment?
- Are you willing to travel? ☐ Yes ☐ No If yes, what % of time? \_\_\_\_\_
- When are you available to start work? \_\_\_\_\_ Salary Requested \_\_\_\_\_
- If you are hired, can you provide proof that you are authorized to work in the U.S.? ☐ Yes ☐ No  
(The Federal Immigration Reform and Control Act requires individuals to provide an employer documented proof that they are authorized to work in the U.S. The proof must be provided within three business days after the date of hire.)
- Are you 18 years of age or older? ☐ Yes ☐ No

## Special Skills

- Indicate any current skill certifications you have earned \_\_\_\_\_
- Do you type? ☐ Yes ☐ No Typing Speed \_\_\_\_\_ wpm
- Do you have any other skills that are pertinent to this position? \_\_\_\_\_  
\_\_\_\_\_

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## Education

High School or GED \_\_\_\_\_

College or  
University \_\_\_\_\_

College Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree \_\_\_\_\_

Additional Education &/or Vocational Training or Technical Training Information	Field of Study	Courses Completed	Certification Taken	Date of Leaving
School:				
School:				

- Are you currently enrolled? ☐ Yes ☐ No Expected Date of Completion \_\_\_\_\_  
Total Years of Education \_\_\_\_\_
- Professional Licenses 1. \_\_\_\_\_ 2. \_\_\_\_\_

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## General

- For Driving Jobs Only:  
Do you have a valid driver's license? ☐ Yes ☐ No DL# \_\_\_\_\_ State \_\_\_\_\_
- Have you ever been employed by this company before? ☐ Yes ☐ No If so, when? \_\_\_\_\_
- Do you have any relatives employed by this company? ☐ Yes ☐ No If so, when? \_\_\_\_\_  
If so, please state their name and relationship \_\_\_\_\_
- Have you ever been convicted of a crime? ☐ Yes ☐ No  
If yes, give particulars \_\_\_\_\_  
(Note: Existence of a conviction record is not necessarily a bar to employment)

## References

- Give three references, that we may contact (other than relatives or previous employers) whom you have known at least one year

Name _____	Address or email _____
Phone _____	Occupation _____
Name _____	Address or email _____
Phone _____	Occupation _____
Name _____	Address or email _____
Phone _____	Occupation _____

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## Work History

List name of employers in consecutive order with present or most recent employer listed first. Please indicate employers you would not wish to be contacted. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH & YEAR.

Name of Employer _____	Name of Supervisor _____
Address _____	Phone _____
City _____ State _____ Zip _____	Employed from _____ to _____
Your Job Title _____	Pay Start _____ Final Pay _____
Duties _____	
_____	
_____	
Reason for leaving (be specific) _____	

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Name of Employer _____	Name of Supervisor _____
Address _____	Phone _____
City _____ State _____ Zip _____	Employed from _____ to _____
Your Job Title _____	Pay Start _____ Final Pay _____
Duties _____	
_____	
_____	
Reason for leaving (be specific) _____	

Name of Employer \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Your Job Title \_\_\_\_\_ Pay Start \_\_\_\_\_ Final Pay \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

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### Health

Can you perform all physical and mental job-related functions of the job(s) for which you have applied, with or without reasonable accommodation? ☐ Yes ☐ No

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### PLEASE READ, INITIAL EACH STATEMENT, AND SIGN YOUR NAME

1. If I am employed by Anctil Heating and Cooling, I will comply with all work-related requirements set forth by the Company. \_\_\_\_\_
2. I certify that all my answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts, and material omissions may be grounds for denial of employment or discharge if hired. \_\_\_\_\_
3. I understand that if hired, I will be an "at-will" employee and my employment relationship may be terminated at any time, for any or no reason, or with or without notice and with or without cause by the company or by me. I further understand that although other terms and conditions of employment may change, this at-will employment relationship will remain in effect throughout employment with Anctil Heating and Cooling unless it is specifically modified by an express written employment agreement executed by the President of the Company and me. This at-will employment relationship may not be modified by any oral or implied agreement or by a person, statement, act, series of events or pattern of conduct. \_\_\_\_\_
4. I understand that if no manager or representative of Anctil Heating and Cooling, other than in writing signed by the President of the Company and by me, has any authority to enter into an agreement of employment for any specified period of time or contrary to the above terms or alter the above "at-will" conditions of employment. \_\_\_\_\_
5. I hereby acknowledge that I have read and understand the above statements. \_\_\_\_\_
6. I authorize investigation of all statements provided during the application process and any references to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release from all liability or responsibility this company and all persons, companies or corporations providing information to the company about me. \_\_\_\_\_
7. I understand that Anctil Heating and Cooling reserves the right to conduct random or reasonable suspicion drug testing and reasonable suspicion alcohol testing of its employees and I hereby consent to such testing. \_\_\_\_\_
8. I understand proof of identity as well as eligibility to work in the United States must be provided by me and copies of such documents will be retained. Falsification of these documents will be grounds for immediate termination. \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Consent For Drug Testing Of Applicant

I understand, as a precondition for employment, that I am required to submit to a drug test to detect drug usage. I further understand that if I give my consent to submit to such drug testing, the test results and other relevant medical information will be released to persons authorized by Ancil Heating and Cooling for appropriate review and response. I agree to allow of such information.

I do ☐ consent to testing

I do not ☐ consent to such testing and understand that my refusal to consent means that no drug testing will be performed and my application will be rejected.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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### Company Use Only

Disposition \_\_\_\_\_

Interviewed by \_\_\_\_\_

Job Classification \_\_\_\_\_

Date Employed \_\_\_\_\_

Starting Rate \_\_\_\_\_ per \_\_\_\_\_

Department \_\_\_\_\_