

Employment Application



Cool Care Heating & Air
3102 Bronx Rd
Columbia, SC 29204
(803) 772-7715
www.coolcarehvac.com

Applicant's Name (Last, First, Middle Initial):

Application Date:

Please Read Before Beginning: The information requested on this application will be used to determine your qualifications for employment. All requested information must be provided. Answer completely and accurately.

Do not leave blanks. If a question does not apply or you do not have information, write "N/A" or "Not Applicable."

Once submitted, this document will be kept confidential and remain the property of Cool Care HVAC.

Cool Care HVAC is committed to a policy of equal employment opportunity. We will not discriminate on the basis of race, creed, color, sex, sexual orientation, age, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

About Cool Care

Cool Care HVAC was started in 2001 by Teresa and Kenny Wardlaw. Cool Care HVAC targets the commercial and residential service and replacement markets. Cool Care is a top SCE&G contractor and specializes in Whole House Energy Performance and diagnostics.



Cool Care HVAC is an established contracting company with an excellent reputation for performance and as a place to work. The company cares about employees, and insists that employees care about customers.

Cool Care HVAC's office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. Cool Care HVAC's service hours are 24 hours a day, 365 days a year. Service personnel are expected to work in excess of 40 hours during periods of high demand and to remain on call from time-to-time. Employees are compensated accordingly.

New hires must provide verification of the right to work in the United States. The company performs background checks on all new hires. New employees work on probation for 90 days.

Benefits

Cool Care HVAC offers very competitive pay and benefits. The benefits include:

- Paid Holidays
- Paid Personal Time Off
- Social Security
- Workman's Compensation Insurance
- Health Insurance
- Life Insurance
- Long-Term Disability
- Employee Suggestion Program
- Field Service Spiffs & Incentives
- Field Service Vehicle Usage
- Field Service Safety Awards
- Field Service Tool Allowance
- Field Service Uniform Allowance
- Company Training
- External Training

Personal Data

Date

First Name

Middle Name

Last Name

Social Security Number

Street Address

City

State

Zip

May we contact
you at your work
phone?

Yes No

Are you 18 years
old or over?

Yes No

If you are under
18, do you have a
work permit?

Yes No

Home Phone

Mobile Phone

Work Phone

Have you worked
for us before?

Yes No

If yes, when?

If yes, under what name?

If yes, what position(s) did you hold?

Position Desired

Type of work you are applying for:

Laborer

Maintenance
Technician

Dispatch

Technician's
Assistant

Installation
Technician

Customer
Service Rep

Shop

Service
Technician

Office

Sales

Managerial

Type of schedule:

Part-Time

Regular

Full-Time

Temporary

Days

Seasonal (i.e.,
summer)

Nights

Weekends

Any

Other (describe): _____

Date Available: _____

How did you select Cool Care HVAC (Please name any employee, advertisement, etc.)?

If you receive a conditional offer of employment,
can you provide verification of your identity and
legal right to work in the United States?

Yes No

Have you ever been convicted of a felony (Do not
identify convictions that have been sealed, expunged,
dismissed, pardoned, or otherwise eradicated)?

Yes No

If you are not a U.S. citizen,
what is your visa status?

Do you have any physical limita-
tions that may inhibit your ability
to perform the tasks required of
the position you are applying for?

Yes No

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

Yes No

Education

School Name	Location	Years Attended	Years Completed (Circle)				Diploma Or Degree (Circle)		Major Field of Study
			9	10	11	12	Y	N	
_____	_____	_____							_____
_____	_____	_____							_____
_____	_____	_____							_____
_____	_____	_____							_____
_____	_____	_____							_____

Post Graduate Training Or Certifications	Date	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Technical/Computer Skills

Office/Software

- Microsoft Publisher
- Microsoft Excel
- Microsoft Access
- Microsoft Word
- Quick Books Pro
- Adobe Photoshop
- Switchboard
- Acowin
- Bookkeeping
- Load Calculation
- Other: _____

HVAC

- | | | |
|--------------------------|--------------------------|--------------------------|
| Service | Install | |
| <input type="checkbox"/> | <input type="checkbox"/> | Air Conditioning |
| <input type="checkbox"/> | <input type="checkbox"/> | Air Distribution |
| <input type="checkbox"/> | <input type="checkbox"/> | Air to Air Heat Pump |
| <input type="checkbox"/> | <input type="checkbox"/> | Gas Warm Air Heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Oil Warm Air Heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydronic Gas Heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydronic Oil Heating |
| <input type="checkbox"/> | <input type="checkbox"/> | Light Refrigeration |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial Refrigeration |
| <input type="checkbox"/> | <input type="checkbox"/> | Chillers |
| <input type="checkbox"/> | <input type="checkbox"/> | Control Systems |

Job Skills

- Brazing
- Welding
- Electrical
- Sheet Metal
- Carpentry
- Other: _____

Licenses

- HVAC Contractor
- Plumbing Journeyman
- Master Plumber
- Electrical
- Other: _____

Work History

Employer (Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	If Still Employed By This Company, May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer Address
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

References

Please list the names and contact information of two business or professional references we may contact. Do not list relatives as references. School or volunteer related references may be listed.

1.

Name

Phone Number, Including Area Code

Address

How Acquainted

2.

Name

Phone Number, Including Area Code

Address

How Acquainted

Please list the names and contact information of two personal references, who have known you for at least five years, who we may contact. Do not list relatives. School or volunteer related references may be listed.

1.

Name

Phone Number, Including Area Code

Address

How Acquainted

2.

Name

Phone Number, Including Area Code

Address

How Acquainted

Emergency Contact

Name

Relationship

Address

Phone Number, Including Area Code

City

State

Zip

Driving Information

Only applicants for technician or installation positions that require the use of company vehicles should complete the following. Other applicants should skip this section.

Do you have a current driver's license?

Yes No

Has your driver's license ever been suspended for any reason?

Yes No

Do you have personal automobile insurance?

Yes No

Has your personal automobile insurance ever been cancelled?

Yes No

List all moving traffic violations from the past five years.

Work Availability

Do you have any objections to working overtime?

Yes No

Do you have any objections to being on call?

Yes No

If needed, would you be able to work overtime with little notice?

Yes No

Can you work on Saturday?

Yes No

Can you work on Sunday?

Yes No

Supplemental Information

Please describe any additional training, qualifications, or other factors we should be aware of.

How do you feel you can contribute to the Cool Care team?

Why do you want to work at Cool Care?

Applicant's Statement

By signing this application, I agree to the following:

Acknowledge By
Initialing

I declare that the information I have provided in this employment application is complete and truthful to the best of my knowledge. I acknowledge and agree that omitting information or providing false information on this application would be grounds for refusal to hire or termination, if hired.

Acknowledge By
Initialing

I understand that nothing in this employment application, nor anything said to me by any representative of Cool Care during the interview process or afterwards shall constitute a contract of employment or other employment rights.

Acknowledge By
Initialing

I authorize Cool Care to investigate and validate the information provided on this application and give permission to any people or organizations listed on this application to provide Cool Care with any and all information regarding prior employment, education, and other pertinent information they might have, whether personal or otherwise. I release all parties from any liability for damage that might result from the utilization of this information.

Acknowledge By
Initialing

If hired, I authorize Cool Care to provide my employment record and other information surrounding my employment to prospective employers, government agencies, or other parties with an interest that Cool Care at its sole discretion deems appropriate.

Acknowledge By
Initialing

If I am employed by Cool Care, I agree to conform to Cool Care's rules, regulations, and policies as described in the employee handbook and other documents. I understand that these rules and regulations may be modified, discarded, or amended by Cool Care, at any time, without prior notice, at the sole discretion of Cool Care's management. I agree to conform to any changes in Cool Care's rules, regulations, and policies.

Acknowledge By
Initialing

If employed by Cool Care, I acknowledge that my employment is completely "at will." My employment with Cool Care may be terminated with or without cause, at any time, by me or by Cool Care HVAC.

Acknowledge By
Initialing

I acknowledge that no representative or employee of Cool Care has the authority to create or enter into an agreement for employment with me for a set time period or assurance of any benefits beyond the terms and conditions described in the employee handbook.

Acknowledge By
Initialing

I agree to a physical examination, psychological examination, and drug testing before the start of employment or following employment, at the discretion of Cool Care

Signature

Date