

EMPLOYMENT APPLICATION



HARVEY W. HOTTEL, INC.

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Main - 18900 Woodfield Road, Gaithersburg, MD 20879 | 240-912-8900

2714 Code Way, Unit 12, Woodbridge, VA 22192 | 703-839-8900

AN AFFIRMATIVE ACTION EMPLOYER

DATE:

Please Print or Type

PERSONAL

FIRST NAME

LAST NAME

MIDDLE NAME

CURRENT ADDRESS (STREET, CITY, STATE, & ZIP CODE)

PHONE NUMBERS

HOME:

PERMANENT ADDRESS, IF DIFFERENT FROM ABOVE

CELL:

OTHER:

EMAIL:

POSITION APPLYING FOR

FOR WHAT POSITION OR TYPE OF WORK ARE YOU APPLYING:

HAVE YOU APPLIED HERE BEFORE? YES NO

IF YES, DATE AND POSITION:

DATE AVAILABLE:

WHO REFERRED YOU:

U.S. MILITARY SERVICE

BRANCH OF SERVICE

STARTING RANK

RANK AT SEPARATION

ACTIVE SERVICE

DUTIES IN SERVICE

FROM

MONTH:

YEAR:

TO

MONTH:

YEAR:

MILITARY SERVICE SCHOOLS - SCHOOLS ATTENDED, SUBJECTS STUDIED, & LENGTH OF TIME IN EACH SCHOOL

EDUCATION

HIGH SCHOOL

SCHOOL/INSTITUTION:	FROM	TO	MAJOR COURSE
LOCATION:			

ADVANCED EDUCATION-COLLEGE, UNIVERSITY, OR OTHER

APPLICANTS MAY BE ASKED TO FURNISH TRANSCRIPTS OF SCHOOL OR COLLEGE WORK

NAME OF INSTITUTION:					
LOCATION/ADDRESS:					
DATES ATTENDED			DID YOU GRADUATE? YES NO		DEGREE GRANTED
FROM	MONTH:	YEAR:	GPA:	CREDITS:	MAJOR:
TO	MONTH:	YEAR:	MAJOR AVERAGE:		MINOR:

IF YOU DID NOT COMPLETE THE COURSE, GIVE REASON:

NAME OF INSTITUTION:					
LOCATION/ADDRESS:					
DATES ATTENDED			DID YOU GRADUATE? YES NO		DEGREE GRANTED
FROM	MONTH:	YEAR:	GPA:	CREDITS:	MAJOR:
TO	MONTH:	YEAR:	MAJOR AVERAGE:		MINOR:

IF YOU DID NOT COMPLETE THE COURSE, GIVE REASON:

NAME OF INSTITUTION:					
LOCATION/ADDRESS:					
DATES ATTENDED			DID YOU GRADUATE? YES NO		DEGREE GRANTED
FROM	MONTH:	YEAR:	GPA:	CREDITS:	MAJOR:
TO	MONTH:	YEAR:	MAJOR AVERAGE:		MINOR:

IF YOU DID NOT COMPLETE THE COURSE, GIVE REASON:

COMPUTER SKILLS

LIST TYPE OF COMPUTER EXPOSURE OR COMPUTER LANGUAGE FAMILIAR WITH:

ACTIVITIES

LIST ANY ACTIVITIES & OTHER INFORMATION YOU FEEL WOULD BE OF USE IN EVALUATING YOUR QUALIFICATIONS FOR THE POSITION YOU SEEK (PROFESSIONAL SOCIETIES, PATENTS, POSITIONS OUTSIDE ORGANIZATIONS). DO NOT LIST INFORMATION REVEALING RACE, CREED, COLOR, OR NATIONAL ORIGIN, SEX, OR ANCESTRY.

OCCUPATIONAL REFERENCES (LIST ANY PERSONAL REFERENCES ONLY IF YOU HAVE NO OCCUPATIONAL)

FIRST, CIRCLE ONE: OCCUPATIONAL REF		PERSONAL REF	
NAME:		PHONE NUMBER:	
ADDRESS:			
OCCUPATION:		YEARS KNOWN:	
SECOND, CIRCLE ONE: OCCUPATIONAL REF		PERSONAL REF	
NAME:		PHONE NUMBER:	
ADDRESS:			
OCCUPATION:		YEARS KNOWN:	
THIRD, CIRCLE ONE: OCCUPATIONAL REF		PERSONAL REF	
NAME:		PHONE NUMBER:	
ADDRESS:			
OCCUPATION:		YEARS KNOWN:	

EMPLOYMENT RECORD

ARE YOU CURRENTLY EMPLOYED? YES NO			
MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO			
CURRENT/MOST RECENT EMPLOYER			
EMPLOYER:	DATES OF EMPLOYMENT		
ADDRESS:	FROM	MONTH:	YEAR:
	TO	MONTH:	YEAR:
INDUSTRY:	TELEPHONE NUMBER:		
JOB TITLE:	SUPERVISOR'S NAME:		
JOB DUTIES:			
REASON FOR LEAVING OR SEEKING CHANGE OF POSITION:			
FIRST PREVIOUS			
EMPLOYER:	DATES OF EMPLOYMENT		
ADDRESS:	FROM	MONTH:	YEAR:
	TO	MONTH:	YEAR:
INDUSTRY:	TELEPHONE NUMBER:		
JOB TITLE:	SUPERVISOR'S NAME:		
JOB DUTIES:			
REASON FOR LEAVING OR SEEKING CHANGE OF POSITION:			
SECOND PREVIOUS			
EMPLOYER:	DATES OF EMPLOYMENT		
ADDRESS:	FROM	MONTH:	YEAR:
	TO	MONTH:	YEAR:
INDUSTRY:	TELEPHONE NUMBER:		
JOB TITLE:	SUPERVISOR'S NAME:		
JOB DUTIES:			
REASON FOR LEAVING OR SEEKING CHANGE OF POSITION:			
THIRD PREVIOUS			
EMPLOYER:	DATES OF EMPLOYMENT		
ADDRESS:	FROM	MONTH:	YEAR:
	TO	MONTH:	YEAR:
INDUSTRY:	TELEPHONE NUMBER:		
JOB TITLE:	SUPERVISOR'S NAME:		
JOB DUTIES:			
REASON FOR LEAVING OR SEEKING CHANGE OF POSITION:			

GENERAL INFORMATION

DRIVING RECORD: NOTE - YOU MUST BRING A CURRENT COPY OF YOUR DRIVING RECORD PRIOR TO BEGINNING YOUR FIRST DAY OF EMPLOYMENT.

DRIVERS LICENSE

STATE:	LIC #:	CLASS:	EXPIRES:
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ACCIDENT RECORD FOR PAST 3 YEARS

DATE:	TYPE:
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DATE:	TYPE:
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TRAFFIC CONVICTIONS FOR PAST 3 YEARS (EXCLUDING PARKING VIOLATION)

DATE:	STATE:	DESCRIPTION:
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DATE:	STATE:	DESCRIPTION:
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HAVE YOU EVER BEEN DENIED A LICENSE TO OPERATE A MOTOR VEHICLE?

HAS ANY LICENSE EVER BEEN SUSPENDED OR REVOKED?

IF YES TO EITHER OF THE ABOVE, PLEASE ATTACH EXPLANATION.

AUTHORIZATION

I AUTHORIZE AN INQUIRY TO BE MADE OF THE INFORMATION CONTAINED IN THIS APPLICATION IF I AM CONSIDERED FOR EMPLOYMENT.

FORMER EMPLOYEES NAMED HEREIN ARE AUTHORIZED TO GIVE INFORMATION REGARDING MYSELF. THEY ARE HEREBY RELEASED FROM ALL LIABILITY FOR ISSUING SUCH INFORMATION. I HEREBY WAIVE ANY PRIVLEDGE I HAVE AS TO SUCH INFORMATION.

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS WILL BE CAUSE FOR CANCELLATION OF CONSIDERATION FOR EMPLOYMENT OR DISMISSAL IF EMPLOYED.

"UNDER MARYLAND LAW AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PERSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR, OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00."

I UNDERSTAND THAT IF AN OFFER OF EMPLOYMENT IS MADE TO ME, THE OFFER IS CONTINGENT UPON THE ACCEPTABLE RESULTS OF THE PRE-EMPLOYMENT APPLICATION PROCESS (BACKGROUND CHECK AND DRUG SCREEN).

APPLICANT SIGNATURE: _____

DATE: _____