



EMPLOYMENT APPLICATION

Save the application to your desktop before entering your information.

APPLICANT INFORMATION			
First Name	Last Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Position Applied for		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes explain
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	State of Issue and License #

ACCIDENT HISTORY --PLEASE LIST ANY ACCIDENTS OR MOVING VIOLATIONS WITHIN THE PAST THREE YEARS

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES*Please list three professional references (non-family)*

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
Please submit this application one of the following ways: <ol style="list-style-type: none"> 1. Mail to the address to the right 2. Email to the email address on the right 3. Drop off in person at the address on the right 4. Fax to the fax number on the right 5. Upload via webpage www.homeclimates.com 	Home Climates 76 Hershey Rd. Elizabethtown PA 17022 PHONE: 717-689-5655 FAX: 717-689-3450 EMAIL: nshambaugh@homeclimates.com