

PLEASE PRINT ALL
INFORMATION REQUESTED

HIGH EFFICIENCY SOLUTIONS, INC.

Application for Employment

2950 Innsbruck Drive, Redding, CA 96003 • 530-221-2222 • Fax: 530-221-2279

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Company. The following information is requested in order to help us make the best possible placement within the Company. Our Company subscribes to a DRUG FREE WORK PLACE. YOU WILL BE REQUIRED TO SUBMIT TO A DRUG SCREEN AND PRE-EMPLOYMENT EXAM AS PART OF YOUR APPLICATION PROCESS. PLEASE SUBMIT A CURRENT DMV PRINTOUT WITH YOUR APPLICATION. All portions of this application must be completed. We appreciate your time in the completion of this application.

POSITION DESIRED

Position(s) applied for: SERVICE TECHNICIAN SHOP FABRICATOR SERVICE COORDINATOR
 RESIDENTIAL INSTALLER HELPER OFFICE MANAGER
 COMMERCIAL INSTALLER RESIDENTIAL LEAD PERSON OTHER: _____
 ESTIMATOR COMMERCIAL LEAD PERSON _____

Full time? Yes No Part time? Yes No When are you available for work? _____

Salary requirement \$ _____ per hour

Have you ever worked for this company? Yes No If yes, what was the last date of employment? _____

PERSONAL

NAME: _____ SOCIAL SECURITY #: _____ / ____ / ____
LAST FIRST M.I.

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE NUMBER: (____) _____ CELL: (____) _____

MESSAGE NUMBER: (____) _____ E-MAIL: _____

PLEASE READ THIS SECTION BEFORE YOU SIGN THIS EMPLOYMENT APPLICATION FORM.

*I certify that answers given in this application are true and complete to the best of my knowledge. I understand that any false statements on this application could result in my separation from the Company. I understand the employer is not obligated to offer any position to me after completion of this application or following a job interview. I understand Timberline has certain rules and procedures, which must be followed. I agree that if I am employed I will follow the rules of the Company or be subject to disciplinary action that could mean dismissal. I understand the Company is an at-will employer and that any term of employment is not for a definite period of time regardless of dates or payment of wages. **If I am employed, such employment may be ended with or without cause or notice. No verbal agreements made during any application or interview process can be relied upon unless such agreements are in writing and signed by the President of the Company.***

Your Signature: _____ Date of Application: _____

WORK EXPERIENCE

Starting with your most recent employer, provide the following information:

PRESENT EMPLOYER	Address	From Mo/Yr	To Mo/Yr
Name and title of your supervisor	Phone Number	May we contact this employer? Yes No	
Your title and description of your duties:			
Reason for leaving (be specific)			

EMPLOYER	Address	From Mo/Yr	To Mo/Yr
Name and title of your supervisor	Phone Number	May we contact this employer? Yes No	
Your title and description of your duties:			
Reason for leaving (be specific)			

EMPLOYER	Address	From Mo/Yr	To Mo/Yr
Name and title of your supervisor	Phone Number	May we contact this employer? Yes No	
Your title and description of your duties:			
Reason for leaving (be specific)			

EMPLOYER	Address	From Mo/Yr	To Mo/Yr
Name and title of your supervisor	Phone Number	May we contact this employer? Yes No	
Your title and description of your duties:			
Reason for leaving (be specific)			

REFERENCES

Please list two business/work references who are acquainted with your work performance but are not related to you and are not previous supervisors. If not applicable, list personal references who are not related to you.

Name	Company/Organization	Area Code & Business Phone
Title	Working Relationship	

Name	Company/Organization	Area Code & Business Phone
Title	Working Relationship	

GENERAL INFORMATION

Federal law prohibits the employment of unauthorized persons. Should you be hired, satisfactory proof of employment authorization and identity will be required within three (3) working days of hire (Copy of your DMV record, proof of legality to work in the United States (INS form I-9), an Income tax deduction form W-4). Failure to submit such proof within the required time will result in immediate dismissal.

	Yes	No
If hired, can you furnish proof you are legally eligible to work in the US?		
If required, would you be willing to work:	Overtime?	
	Weekends?	
	If no, please explain:	

JOB SPECIFIC INFORMATION

	Yes	No
Can you do residential work in the field?		
Can you do commercial work in the field?		
Can you run or supervise residential jobs?		
Can you run or supervise commercial jobs?		
Can you do sheet metal work using typical HVAC shop equipment:	fabrication/layout?	
	assembly only?	
Where did you learn the trade?		

MOTOR VEHICLE OPERATION

If this box has been checked, your job requires the operation of a motor vehicle. Complete the following:

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License Number:	State of issue: Expiration Date:
Have you had any accidents during the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No How many?
Have you had any moving violations during the past three (3) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No How many?
Have your driving privileges ever been suspended or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you insurable?	<input type="checkbox"/> Yes <input type="checkbox"/> No

You must furnish a DMV Driver License Record along with this application

SKILLS AND LICENSES

List all technical, trade or office skills and/or certificates, licenses or abilities you possess that are relevant to the position for which you are applying. (Be specific, for example, N.A.T.E. certified, EPA certified, state/union apprenticeship certification, typing 75 w.p.m., computer data entry)

Computer skills (Check appropriate boxes, include software titles and years of experience.)

<input type="checkbox"/> Plasma machine _____ Years _____ <input type="checkbox"/> Word Processing _____ Years _____ <input type="checkbox"/> Spreadsheets _____ Years _____ <input type="checkbox"/> Data Entry _____ Years _____	<input type="checkbox"/> Bookkeeping _____ Years _____ <input type="checkbox"/> Internet _____ Years _____ <input type="checkbox"/> Other _____ Years _____ <input type="checkbox"/> Other _____ Years _____
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EDUCATION

Check the appropriate box if you possess one of the following:

- High School Diploma G.E.D. Certificate
 California High School Proficiency Certificate

CHECK HIGHEST GRADE COMPLETED

1	2	3	4	5	6	7	8	9	10	11	12
								1	2	3	4

Trade/Business School: _____ Years _____

Trade/Buisness School: _____ Years _____

College