

# EMPLOYMENT APPLICATION

Rev3

## A/C DISTRIBUTION

Advantage A/C • Mr. K's A/C • Bodine-Scott A/C • Wiggins A/C • Air Pro A/C

5638 Bear Lane  
5638 Bear Ln  
Corpus Christi, TX 78405

Phone: 361-883-1900  
Fax: 361-884-1234  
Email: admin@acdistribution.net

### Personal Information

Name (Last, First, Middle Initial): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternate No.: \_\_\_\_\_ Email: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_ Pay Desired \_\_\_\_\_

Are you eligible for employment in the United States?  Yes  No

Date you are available for employment \_\_\_\_\_

### High School Education

High School – Name and Location: \_\_\_\_\_

Highest grade or year completed: \_\_\_\_\_ Did you graduate?  Yes  No

### College, University, Trade School or Special Training

Name of School	Location	Dates of Attendance		Credit Hours Earned		Course of Study	Degree or Certificate Received
		FROM	TO	QTR	SEM		
Trade School/Special Training							
Trade School/Special Training							

### Licensure, Registration, Certification (examples: EPA, EDL, CPA, etc.)

License, Registration or Certification	Number	Date Received	Expiration Date	State Licensing Agency

### Professional References

Name	Address	Occupation	Phone No.	Yrs. Known

**Employment Record** – Beginning with your present or most recent employment, including military service, list and describe your work experience. If you have held two or more positions for the same employer at different levels of responsibility with different duties, list and describe each position separately. If needed, attach additional sheets, using the same format as on this application. Resumes may be attached to provide additional information.

Name of Employer: _____	Current Salary _____	
Address: _____		
Job Title: _____	Supervisor: _____	Phone: _____
From: _____	To: _____	Hours per week: _____
Duties and Responsibilities: _____		
_____		
Reason for leaving: _____		
_____		

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Address: _____		
Job Title: _____	Supervisor: _____	Phone: _____
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Duties and Responsibilities: _____		
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Address: _____		
Job Title: _____	Supervisor: _____	Phone: _____
From: _____	To: _____	Hours per week: _____
Duties and Responsibilities: _____		
_____		
Reason for leaving: _____		
_____		

**Certification/Reference Release** – I certify that the previous information is true and correct according to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation and/or omission of facts called for in this application may be cause for dismissal. Employment at A. C. Distribution is based on mutual consent and is at will, either I or A. C. Distribution has the right to end the employment relationship at any time, with or without cause or advance notice. I further certify that if I am required to complete page three, my answers will also be true and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*As a condition of employment I the classified service, you must submit to, and pass, a pre-employment drug test. A background check will also be conducted.*

**The following are questions that pertain only to Installers, Helpers, Service Technicians and any other position that will require driving a company vehicle.**

1. Have you ever had a DWI?  Yes  No  
If so, when? \_\_\_\_\_
  
2. Have you ever received a speeding ticket?  Yes  No  
If so, when? \_\_\_\_\_
  
3. Have you had any automobile accidents?  Yes  No  
If so, when? \_\_\_\_\_  
Were you at fault?  Yes  No  
Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Do you have any illnesses or disability that would impair your driving or safe work habits?  Yes  No  
Explain \_\_\_\_\_  
\_\_\_\_\_
  
5. Do you drink alcoholic beverages?  Yes  No  
If so, do you have a drinking problem?  Yes  No
  
6. Do you take legal or illegal drugs, inhalants, or perception altering substances or medications?  Yes  No  
If so, what kind? \_\_\_\_\_
  
7. Have you ever had a public intoxication arrest?  Yes  No  
If so, when? \_\_\_\_\_
  
8. Have you ever had a criminal arrest?  Yes  No  
If so, when? \_\_\_\_\_  
Explain \_\_\_\_\_

# RELEASE

In condition with my services for you, I understand that investigative background inquiries are to be made on myself including criminal history, and social security number and address verification. I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my criminal history.

I authorize, without reservation, any party or agency contacted by **AC Distribution Inc.** to furnish the above mentioned information:

_____	____/____/____	____-____-____
Applicant Name	Date of Birth	Social Security Number
_____		
Alias/Maiden Name		
_____		
Current Address	City & State	Zip Code
_____		
Drivers License Number	State	
_____		
Signature	Date	

**\*Date of Birth is being requested in order to obtain accurate retrieval of records.**

## Notice to California Applicants

Under section 1786.22 of the California Civil Code, you have the right to request from KIS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you which KIS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by KIS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you receive a summary of your report via telephone.

**DRIVER AUTHORIZATION FOR TEXAS.**

I, \_\_\_\_\_, do hereby authorize the Division of Motor Vehicles to release my driving record to AC Distribution, Inc.

This release shall remain in full force and effect until I, myself file normal withdrawal.

Driver's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date