

TRI CITY HEAT TREAT CO.
2020 5th Street
Rock Island IL 61201



Phone: 309-786-2689
Fax: 309-786-2691

EMPLOYMENT APPLICATION

This company is an equal opportunity employer dedicated to nondiscrimination in employment. The company selects the best qualified individual for the job based on job related qualification regardless of race, age, color, religion, sex, national, origin, ancestry, marital status, sexual preference, disability or any other basis protected by applicable law
PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED

LAST NAME: _____ MIDDLE INITIAL: _____ FIRST NAME: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

Can you furnish proof that you are over 18 years of age? Yes No

Can you present evidence of your legal right to live and work in this country as required by law? Yes No

I am legally eligible to possess a firearm in my state of residence? Yes No

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without a reasonable accommodation? Yes No

Position Desired: _____ Available Start Date: _____ Salary Desired: _____

Are you available to work all three shifts? Yes No

Which shift do you prefer? 1st _____ 2nd _____ 3rd _____
1st 7:00am-3:00pm 2nd 3:00pm-11:00pm 3rd 11:00pm-7:00am

Are you employed now? Yes No

If yes, may we contact employer? Yes No

Have you ever applied or worked for this company before? Yes No

If yes, please give the dates and details

EDUCATION	NAME OF SCHOOL	CITY, STATE	NUMBER OF YEARS COMPLETE	DID YOU GRADUATE?	DEGREE EARNED
High School					
College					
Graduate School					

Have you served in the United States Armed Forces? Yes No Branch _____ Rank _____

Additional training, skill, experience, and special achievements relevant to position:

Do you have a valid driver's license? Yes No

Do you have adequate transportation to and from work? Yes No

Do you have friend or relatives who work for this company? Yes No

If yes, who? _____

Referred By: _____

Please list present past employers beginning with the most recent. Attach additional sheets as needed.

START/END DATE	NAME/ADDRESS/PHONE	POSITION	REASON FOR LEAVING

Have you ever been terminated or asked to resign from any job? Yes No

If yes please, explain circumstances

Please explain any gaps in your employment history.

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacations?

0-10 10-30 30+days

Please list three personal references who know you well but who are not relatives:

NAME	ADDRESS	PHONE NUMBER

In case of emergency (Who would you like us to call?)

Name: _____

Phone: _____

TRI CITY HEAT TREAT Co. will conduct pre-employment drug tests of all prospective new employees. Successfully passing the test will be a prerequisite for employment. A positive test, a diluted test or the prospective employee's refusal to submit to a test will result in the individual not being hired as he or she will be found not qualified for employment with the Company.

This application will be considered active for a maximum of ONE YEAR. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

(Signature of Applicant)

Date