



## APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status

### PLEASE PRINT

*(This application must be completely filled out and signed in order to be considered for any position)*

Position(s) Applied For	Date of Application
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<b>How Did You Hear About Comfort Systems of Virginia, Inc.?</b>					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other			

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Social Security Number (Voluntary)
Home: _____	Cell: _____

Best time to contact you at home is.....	_____ : _____ AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
.....If Yes, give date _____	
Do any of your friends or relatives, other than spouse, work here?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status	
<i>Proof of citizenship or immigration status will be required upon employment.....</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work _____ / _____ / _____	What is your desired salary range? _____
Are you available to work:	<input type="checkbox"/> Full-Time
	<input type="checkbox"/> Part-Time
	<input type="checkbox"/> Temporary
	(please indicate dates available _____ / _____ / _____ to _____ / _____ / _____)
Are you currently on "lay-off" status and subject to recall?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel, work nights and weekends if job requires it?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No





**Describe any job-related training received in the United States military.**


**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

<b>1</b>	Employer		Dates Employed		WORK PERFORMED
	Address		From	To	
	Telephone Number(s)				
	Job Title	Supervisor	Hourly Rate/Salary		
	Reason for Leaving		Starting	Final	
<b>2</b>	Employer		Dates Employed		WORK PERFORMED
	Address		From	To	
	Telephone Number(s)				
	Job Title	Supervisor	Hourly Rate/Salary		
	Reason for Leaving		Starting	Final	

3	Employer	Dates Employed		WORK PERFORMED
	Address	From	To	
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary	
	Reason for Leaving	Starting	Final	
4	Employer	Dates Employed		WORK PERFORMED
	Address	From	To	
	Telephone Number(s)			
	Job Title	Supervisor	Hourly Rate/Salary	
	Reason for Leaving	Starting	Final	

**If you need additional space, please continue on a separate sheet of paper.**

**List professional, trade, business or civic activities and offices held.**


## ADDITIONAL INFORMATION

<p><b><u>Other Qualifications</u></b></p> <p><i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i></p>



### SPECIALIZED SKILLS

*(Please indicate any special skills that your work will benefit from)*


### REFERENCES

1	_____ (Name)	( )
		Phone #
	_____ (Address)	

2	_____ (Name)	( )
		Phone #
	_____ (Address)	

3	_____ (Name)	( )
		Phone #
	_____ (Address)	

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an employee at any time with or without cause. It is further understood that this "at will" employment relationship any changes must be done through written correspondence fully executed by authorized personnel.

In the event of employment, I understand that false or misleading information given in my application or interview(s) result in discharge. I also understand that I am required to abide by all policies and procedures set forth by the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview

Yes  No

Remarks

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\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed

Yes  No

Date of Employment

\_\_\_\_\_

Job Title

\_\_\_\_\_

Hourly Rate/  
Salary

\_\_\_\_\_

Department

\_\_\_\_\_

By:

\_\_\_\_\_

Name and Title

Date

**VOLUNTARY APPLICANT AFFIRMATIVE ACTION**  
**INFORMATION SHEET**

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, genetic information, veteran status, or any other classification protected by federal, state, or local law. As a federal contractor, we comply with government regulations and affirmative action responsibilities where applicable.

Completion of this data is voluntary and will not affect your opportunity for employment. This information is solely to help us comply with government record keeping, reporting, and other legal requirements and will be kept in a confidential file separate from the Application for Employment. Thank you for your cooperation.

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(PLEASE PRINT)

**Position(s) applied for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referral Source:**

Advertisement     Friend     Relative     Walk-in     Other \_\_\_\_\_  
(Please list)

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

**Sex:** (Check one)     Male     Female

**Race/Ethnicity:**

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

## VETS-4212 EMPLOYMENT SURVEY

**EMPLOYEE NAME:** \_\_\_\_\_

**JOB POSITION:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Our Company is a federal contractor subject to various federal laws, regulations, and Executive Orders, which require that federal contractors take affirmative action to employ and to advance in employment qualified individuals without discrimination based on a covered veteran status. To fulfill statistical reporting and affirmative action monitoring requirements, we invite you to voluntarily identify your veteran status by answering the questions below. Submission of this information is voluntary and no adverse consequences will result from either the disclosure or refusal to provide this information. The information that you submit will also be kept confidential as required under applicable federal and/or state laws. Should you decide not to self-identify at this time, you may do so at any time in the future.

Please check all boxes that apply to you:

- I do not want to identify my veteran status**
- I am not a veteran**
- I am a veteran but not covered by the definitions listed on this form**
- Disabled Veteran**

Either (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

- Recently Separated Veteran**

Any veteran during the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

**Discharge Date (mm/dd/yyyy) :** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

- Armed Forces Service Medal Veteran**

Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985. (For the current list of military operations for which an Armed Forces Service Medal was awarded, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.

- Active Duty Wartime or Campaign Badge Veteran**

A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense. (For the current list of campaigns and expeditions for which a campaign badge was authorized, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> - Appendix A.



## **EXHIBIT C**

### **WRITTEN AFFIRMATIVE ACTION COMPLIANCE PROGRAM**

The Contractor certifies that if it has 50 or more employees and if it anticipates sales to us in connection with government contracts of \$50,000 or more, it will develop a written affirmative action compliance program for each of its establishments consistent with the rules and regulations published by the Department of Labor in 41 Code of Federal Regulations (hereinafter referred to as "C.F.R.") 60-2.

## **EXHIBIT D**

### **EE0-1 REPORT**

The Contractor certifies that if it has 50 or more employees and if it anticipates sales to us in connection with Government contracts of \$50,000 or more, it will file Standard Form 100 entitled: "Equal Employment Opportunity Employer Information Report EEO-1" as required by 41 C.F.R. Section 60-1.7.

## **EXHIBIT E**

### **EMPLOYMENT OF THE DISABLED**

Pursuant to Section 503 of the Rehabilitation Act of 1973, and under 41 C.F.R. 60-741, the affirmative action clause set forth in section 741.4 of the regulations is considered to be included in every federal contractor subcontract exceeding \$10,000.

Therefore, unless exempt, the Contractor certifies that it will take affirmative action to employ and advance in employment any qualified disabled individual, defined as "Any individual who has a physical or mental disability which for such individual constitutes or results in a substantial disability to employment."

The Equal Opportunity Clause may be put into subcontracts by reference, but only by citing the Equal Opportunity Clause in the regulations and including the following sentences in bold text: **This contractor and subcontractor shall abide by the requirements of 41 CFR 60-741.5(a).**

**This regulation prohibits discrimination against qualified individuals on the basis of disability, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.**

The Contractor further certifies that it will obtain identical certifications from proposed subcontractors prior to the award of subcontracts exceeding \$2,500 covering the procurement of personal property and non-personal services (including construction).

## **EXHIBIT F**

### **EMPLOYMENT OF PROTECTED VETERANS**

41 C.F.R. 60-300 contains a clause required in every Federal invitation to bid or contract for \$100,000 or more for the procurement of personal property and non-personal services (including construction), and every subcontract entered into in carrying out such contract. The clause which is included herein by reference (and which should be referred to in its entirety), requires among other things, that all suitable employment openings of the Contractor which exist at the time of the execution of the contract and those which occur during the performance of the contract, including those not generated by the contract and those occurring at an establishment of the Contractor other than the one wherein the contract is being performed but excluding those of independently operated corporate affiliates, shall be offered for listing at an appropriate local office of the State employment service system wherein the opening occurs and to provide such reports to such local office regarding employment openings and hires as may be required. The Contractor agrees to and certifies that it is in compliance with the above provision and that it will place it in any subcontract of \$100,000 or more directly under this contract. Further, if required, the Contractor will annually file a VETS-4212 Report.

The Equal Opportunity Clause may be put into subcontracts by reference, but only by citing the Equal Opportunity Clause in the regulations and including the following sentences in bold text: **This contractor and subcontractor shall abide by the requirements of 41 CFR 60-300.5(a).**

**This regulation prohibits discrimination against qualified protected veterans, and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans.**

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires \_\_\_\_\_

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

### **Please check one of the boxes below:**

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires \_\_\_\_\_

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.