

ALMCOE REFRIGERATION COMPANY

4050 CREST HILL ROAD DALLAS, TX 75227

PHONE: 214-381-2113

FAX: 214-388-1457

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

(No Discrimination on the basis of age, race, color, religion, sex, national origin, disability or veteran status)

PERSONAL INFORMATION

NAME _____				DATE: _____
LAST	FIRST	MIDDLE		SOCIAL SECURITY #: _____
PRESENT ADDRESS _____				
STREET		CITY	STATE	ZIP CODE
PERMANENT ADDRESS: _____				
STREET		CITY	STATE	ZIP CODE
TELEPHONE NUMBER _____				Are you 18 years or older? (Yes) (No)

YOU ARE SUBJECT TO MEDICAL & DRUG TESTING AT ANY TIME WITH THIS COMPANY

DESIRED EMPLOYMENT

POSITION DESIRED _____	DATE YOU CAN START _____
ARE YOU EMPLOYED NOW? (Yes) (No)	IF SO, MAY WE CONTACT YOUR EMPLOYER? (Yes) (No)
EVER APPLIED WITH THIS COMPANY BEFORE (Yes) (No)	WHERE? _____ WHEN? _____

EDUCATION

School Level	Name & Location of School	No. Yrs. Attended	Did You Graduate	Subjects Studied
Grammar School				
High School				
College				
Trade, Business, Correspondence				

LIST ANY JOB-RELATED MILITARY TRAINING, EXPERIENCE, OR RELATED COURSES OF STUDY

FORMER EMPLOYERS (List Below Your Last Four Employers, Starting With the Last One First)

Date: Month & Year	Address	Salary	Position Held	Reason for Leaving
From - To				
From - To				
From - To				
From - To				

REFERENCES (Names of Three Persons Not Related to You, Whom You Have Known At Least One Year)

Name	Address	Business	Yrs. Known

- () I am familiar with the mental and physical requirements of the job which I am applying.
- () I certify that I am able to perform the tasks required (with or without accommodation) in the job for which I am applying.
- () I request the follow accommodation to explain n, demonstrate, or continue the employment application process.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified or misleading statements or material omission of facts on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the referenced listed above (as well as other sources at management's discretion, including those related to character and credit records) to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that any job offer may be conditional upon information obtained after the offer is made. I understand that employment with this company is "AT WILL", which means that (if hired) my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without prior notice, and with or without explanation or reason. Wages will cease immediately upon termination of employment. I will not rely on any oral or written statements to the contrary unless IN WRITING and signed by an authorized official of the Company. Any legal action I may bring against the company regarding terms and conditions of employment must be initiated and maintained in the court of jurisdiction nearest the home office of the Company.

APPLICANT'S SIGNATURE:

DATE:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

NOTES:

HIRED? (Yes) (No)

REPORT TO:

DATE TO REPORT:

APPROVED BY:

1.

2.

3.

Employment Manager

Department Head

General Manager

This application will remain active for 45 days. If you desire continued consideration for employment, you may reapply after that time.

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APPLICANT STATEMENT

1. I certify and agree that: Any material misrepresentation (deliberate or otherwise) or omission of facts or information in my application or interview may be justification for refusal of employment. This application in a sincere effort to obtain employment and for no other purpose. If I am employed, falsification or omission of any information may result in termination. If offered employment, I understand that the offer may be conditional upon verification of information I provide, as well as other information obtained by the Company.

2. In applying for employment I understand that the Company may make a thorough investigation of my entire work and personal history (including credit checked and criminal background), and may verify all data given in my application for employment, related papers, and oral interviews. I authorize such investigation for the giving and receiving of any information requested by the Company, and I release from liability any person giving or receiving such information. I understand that falsification of data given or any derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal if the company considers such information to be pertinent to employment.

3. I agree that my employment may be terminated by the Company with or without cause at any time without liability whatsoever, except for wages or salary as may have been earned at the date of termination. If requested by management, I authorize any physician, hospital, clinic, or laboratory to release any information that may be necessary to determine my ability to satisfactorily perform the duties of a job I am being considered for, prior to employment, or in the future during my employment with the Company.

4. I understand that management may make efforts to accommodate individual preferences, but that business needs may make the following conditions mandatory: Overtime, Out-of-Town Travel, Shift Work, Rotating Work Schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment or continued employment.

I understand that no employment contract is being offered or created at this time. No employee has a contract of employment with this Company unless it is IN WRITING and signed by an authorized officer of the Company. I also understand that if I am employed, my employment will be for an indefinite period of time, and that the Company can change wages, benefits, and conditions of employment at any time, with or without notice, and without prior approval of any employee or employee group. Any legal action regarding my employment must be initiated and maintained in the court of jurisdiction nearest the home office of the Company.

I have read and understand this paper, and I have had the opportunity to ask for explanations of any portion I may not have understood.

Signature

Date