

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration
without discrimination because of race, creed, color,
sex, age, national origin, handicap or veteran status.

PERSONAL

Last Name	First	Middle	Date:
Street Address			Home Telephone ()
City, State, Zip			Social Security #
Have you ever applied for employment with us? / / Yes / / No If not, what hours can you Work?			Operator's License No. _____ State: _____
Position Desired			Pay Expected
Apart from absence for religious observance, are you available for full-time work? / / Yes / / No If not what hours can you work? _____			Are you legally eligible for employment in the United States?
Are you presently employed?			When will you be available to work?

EDUCATION

School	Name & Location of School	Course of Study	No of Years Completed	Did You Graduate?	Degree or Diploma
Graduate					
College					
Business/Trade/ Technical					
High School					
Elementary					

What skills and abilities do you have that would make you qualified for this Job?

MILITARY	Did you serve in the U.S. Armed Forces? / / Yes / / No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying.		

Can you perform the essential functions of the job for which you are applying for with or without a reasonable accommodation?

YES? _____ NO _____

EMPLOYMENT

Company Name	Telephone ()
Address	Employed - (State month and year) From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work _____ _____ _____	Reason for Leaving

Company Name	Telephone ()
Address	Employed - (State month and year) From To
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May we contact your previous employers for information about you? _____
 Have you ever committed a crime? _____

SIGNATURE

The information provided in this Application is true, correct and complete. If you employ me, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Apple Heating, Inc. is an equal opportunity employer. All employees of Apple Heating, Inc. are employed at will of Apple Heating, Inc.

_____ Date _____ Signature

www.appleheating.com

PO Box 69 Ashtabula OH 44005 WICKLIFFE MADISON ASHTABULA
 1-800-841-0038 {FAX 440.992.6320} 440-585--3000 440-428.-750 440.-997.-1212

AUTHORIZATION TO CHECK REFERENCES

In connection with my application for employment, I authorize you to make a reference check on my background to include information concerning any prior employment and general reputation. A consumer report may be obtained for employment purposes. I understand that I have a right to request the complete nature and scope of the information you obtained and that you have established a procedure to provide them to me.

I acknowledge that I have read and received a copy of this statement.

Applicant Signature

Date

(According to the requirements of the Fair Credit Reporting Act of 1971)

Job Requirement Checklist

Use the following checklists to analyze the demands of particular jobs in relation to the qualifications of job applicants. In order to measure the extent to which an activity is required in a job, place an A, B, C, or N/A in each designated blank as follows:

- A - Minor** - Activity or condition exists less than 20 % of work time,
- B - Moderate** - Activity or condition exists between 20-60% of work time.
- C - MAJOR** - Activity or condition exists 60 % or more of work time.
- N/A** - Not Applicable

<u>PHYSICAL DEMAND</u>	Code	<u>PHYSICAL CONDITION</u>	Code
Strength		Working Area	
Standing	<u>40%</u>	Inside	<u>50%</u>
Walking	<u>50%</u>	Outside	<u>50%</u>
Sitting	<u>10%</u>	Temperature	
Lifting	<u>75 lb.</u>	Constant Cold	<u>B</u>
Carrying	<u>50 lb.</u>	Constant Heat	<u>B</u>
Pushing	<u>100 lb.</u>	Changing Temperatures	<u>B</u>
Climbing		Humidity or Damp	<u>B</u>
Stairs	<u>C</u>	Noise	
Ladders	<u>C</u>	Noise Level (dB)	<u>95</u>
Other	_____	Exposure (hours/day)	<u>2</u>
Balancing	<u>B</u>	Unavoidable Hazards	
Stooping		Mechanical	<u>A</u>
Kneeling	<u>B</u>	Electrical	<u>B</u>
Crouching	<u>B</u>	Burns	<u>A</u>
Crawling	<u>B</u>	Moving Objects	<u>B</u>
Turning/Twisting	<u>A</u>	Heights	<u>A</u>
Bending at Waist	<u>B</u>	Cramped Quarters	<u>A</u>
Other	_____	Other	_____
Reaching		Atmospheric Conditions	
Handling	<u>B</u>	Fumes	<u>A</u>
Fingering	<u>B</u>	Odors	<u>A</u>
Feeling	<u>B</u>	Mists	<u>A</u>
Throwing	<u>A</u>	Dusts	<u>B</u>
Eye-Hand Coordination	<u>C</u>	Oil/Grease	<u>B</u>
Foot-Hand-Eye Coordination	<u>C</u>	Dirt	<u>B</u>
Other	_____	Gases	<u>B</u>
Communicating		Ventilation	<u>B</u>
Ordinary	<u>C</u>	Lighting	<u>B</u>
Other	_____	Other	_____
Hearing		Protective Clothing or Personal Devices	
Ordinary	<u>C</u>		_____
Other	_____		
Seeing			
Acuity - Near	<u>B</u>		
Acuity - Far	<u>B</u>		
Depth Perception	<u>B</u>		
Accommodation	_____		
Color Vision	<u>C</u>		
Field of Vision	<u>C</u>		
Other	_____		