



Employment Application

Form fill version

Office Use Only: (date/initials) Database: Initial Interview: Orion: Background request: Work reference: Referred for interview: Hire date:

Date:

Personal Information

First Name: Middle Name: Last Name: Suffix:

Street Address: City: State: ZIP:

How long have you lived at this address?

Home phone: Other phone/message phone: email address:

Social Security Number: Driver's License Number: State Number Type

Previous address: (Street, City, State, ZIP):

How long did you live there?

Have you ever been convicted of a crime? Yes No Date:

If yes, please describe:

Position Applied For: Salary required:
Have you worked with us before? Yes No
Prior Position: Regular Temporary Reason for Leaving:

Education and Training

School Name Highest Grade Major Subject

School Location Did you graduate? Yes No

School Name Highest Grade Major Subject

School Location Did you graduate? Yes No

School Name Highest Grade Major Subject

School Location Did you graduate? Yes No

List dates and specific education, training or work experience that qualifies you for this position or for work at Southern Heat Exchanger:

Name: _____ Social Security Number _____

Employment History:

Applicant must account for all time for past 7 years. Begin with the present and work backwards. If unemployed, in school, or in another situation for a period, please state. [Click here for additional Employment History pages.](#)

From Month/Year to Month/Year: _____ Reason for leaving: _____

Employer Name & Type of Business: _____

Address (Street, City, State, ZIP): _____

Type of Employment (check all that apply): Regular Temporary Part time Full time Self-employed

Your position: _____ Brief description of job duties: _____

Supervisor name: _____ Supervisor phone: _____

Last salary: \$ _____ per _____ May we contact this employer? Yes No

From Month/Year to Month/Year: _____ Reason for leaving: _____

Employer Name & Type of Business: _____

Address (Street, City, State, ZIP): _____

Type of Employment (check all that apply): Regular Temporary Part time Full time Self-employed

Your position: _____ Brief description of job duties: _____

Supervisor name: _____ Supervisor phone: _____

Last salary: \$ _____ per _____ May we contact this employer? Yes No

From Month/Year to Month/Year: _____ Reason for leaving: _____

Employer Name & Type of Business: _____

Address (Street, City, State, ZIP): _____

Type of Employment (check all that apply): Regular Temporary Part time Full time Self-employed

Your position: _____ Brief description of job duties: _____

Supervisor name: _____ Supervisor phone: _____

Last salary: \$ _____ per _____ May we contact this employer? Yes No

Emergency Contact Information

In case of Emergency Notify:

Name:

Address:

City/State:

Telephone number:

Other phone number:

Notice to Applicant

Southern Heat Exchanger Corp. is committed to a policy of equal employment opportunities for all persons regardless of race, sex, color, religion; national origin, ancestry, citizenship or lawful alien status; age; disability; marital status; family care leave status; veteran status or U.S. Armed Forces Service. All applicants are considered on this basis.

Accommodation of Disability

I understand that I may be required to take an examination as part of the application process. In the event that I have a disability which might affect my ability to take such an examination, I will inform Southern Heat Exchanger of my disability in writing prior to the administration of the test and will request in writing that an accommodation be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. Southern Heat Exchanger Corp. reserves the right to require medical documentation, including a second opinion, concerning the need for any accommodation.

Probationary Period

I understand that all employees are hired on a probationary basis for sixty (60) days and that employment is conditional upon satisfactory performance.

Pre-Employment, Post-Offer Drug Screen

I understand that Southern Heat Exchanger Corp. has a policy of a drug and alcohol free workplace and that I may be required to submit to a drug/alcohol screening prior to employment, or when a reasonable suspicion exists that I am using or in the possession of drugs or alcohol while on company property or in company vehicles. I further understand that failure to comply with this policy, or to submit to required drug/alcohol screening, either prior to employment, or when a reasonable suspicion exists that I may be in possession of, or under the influence of drugs or alcohol, is grounds for termination.

Pre-Employment, Post-Offer Physical Exam

I understand that Southern Heat Exchanger Corp. may require me to submit to a physical exam in order to determine my fitness to perform a job for which I may be employed. I also understand that I must pass this physical exam in order to commence employment with Southern Heat Exchanger Corp.

Other Information

I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between Southern Heat Exchanger Corp. and myself for either employment or for the providing of any benefit. No promises regarding employment or conditions of employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or for no reason, and that Southern Heat Exchanger Corp. retains the right to terminate my employment at any time, with or without cause.

I understand that, if employed, policies and rules which are issued are not conditions of employment and that Southern Heat Exchanger Corp. may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for 30 days from the date completed, after which time I would need to reapply in order to be considered for employment.

Certifications

By my signature below, I acknowledge that I have read and understand the information above. I also certify that information given by me in this application is true and correct in all respects and I agree that if the information given is found to be false or misleading in any way, it shall be considered sufficient cause for denial of employment or discharge from employment..

Signature of Applicant: _____ Date: _____

Southern Heat Exchanger Corp.
P.O. Box 1850, Tuscaloosa, AL 35403
Ph: (205)345-5335, Fax: 758-0611
jobs@soheat.com

DISCLOSURE TO EMPLOYMENT APPLICANT

This is to notify you that a Consumer Report and/or Investigative Consumer Report will be conducted on you for employment purposes.

By signing the release below, I hereby authorize Southern Heat Exchanger Corp. to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to obtain information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history.

I authorize without reservation such corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history.

I release from all liability all persons, companies, employers and schools supplying such information. I indemnify Southern Heat Exchanger Corp against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand that I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Please print clearly:

Your Name:

Other Names Used:

Street Address:

City/State/Zip:

Date(s) degree(s) received, if applicable:

Social Security Number:

Driver's License Number and Issuing State:

Date of Birth:

Applicant Signature: _____ Date: _____

Please print out and sign application and consent forms. Please insert page number information at the bottom of each page.

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Ph: (205)345-5335, Fax: 758-0611
jobs@soheat.com

PAGE ____ of ____

CONSENT TO PROCUREMENT OF CONSUMER CREDIT REPORT

I understand that, as a condition of my consideration for employment with Southern Heat Exchanger Corp., or as a condition of my continued employment with Southern Heat Exchanger Corp., Southern Heat Exchanger Corp. may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to Southern Heat Exchanger's procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, Southern Heat Exchanger Corp. will provide me with a copy of any such report if the information contained in such a report is, in any way, to be used in making a decision regarding my fitness for employment with Southern Heat Exchanger Corp. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant/Employee

Date

Printed Name of Applicant/Employee:

Southern Heat Exchanger Corp.
P.O. Box 1850, Tuscaloosa, AL 35403
Ph: (205)345-5335, Fax: 758-0611
jobs@soheat.com

PAGE ____ of ____

AUTHORIZATION FORM FOR FILE REVIEW OR RELEASE OF COPIES FOR WORKER'S COMPENSATION CLAIMS FILE

After such time as a conditional offer of employment is made, I hereby authorize Southern Heat Exchanger Corporation to review and receive copies for any or all compensation claim files. I understand this authorization will include releases of information covering both pending and closed cases involving any work related injuries on file.

This information may include, but should not be limited to case, claim or identification number, date of injury, source of injury, type of injury, nature of injury, location of injury, employer involved in the claim, compensation and medical dollars paid, and status.

I understand that no request for this information will be made until a conditional offer of employment has been extended to me, as required by the Americans with Disabilities Act.

Applicant Name:
Social Security Number:

Date of Birth:

Street Address:

City, State and Zip Code:

Note to applicant: Do not sign below except in the presence of a Notary Public. If you are completing this application at Southern Heat Exchanger location, please ask for a Notary Public. If you are completing this application to mail in, please have the following signature notarized before mailing the application to Southern Heat Exchanger.

SIGNATURE OF APPLICANT: _____

DATE: _____

FOR NOTARY PUBLIC:

Subscribed and sworn before me, in my presence of this _____ day of _____, _____, a Notary Public in and for the State of _____.

Signature of Notary Public: _____ **My commission expires:** _____

Applicant, please sign application and all consent forms. Please insert page number information at the bottom of each page.

EMPLOYER STATEMENT (to be completed by Employer):

A conditional offer of employment has been extended to the above named individual, as required by the Americans with Disabilities Act.

Southern Heat Exchanger Corp. **EIN:** _____
P.O. Box 1850
Tuscaloosa, AL 35403
Phone: (205)345-5335
Authorized Signature: _____ **Date:** _____

Sworn and Subscribed before me on this _____ day of _____, _____.

Notary Public Signature: _____ **My commission expires:** _____

Note: This information shall not be used in any manner that violates the Americans with Disabilities Act.