



**AIR-CON MECHANICAL CORPORATION**  
**AIR-CON ELECTRIC LLC**

3121 SE 14TH STREET • DES MOINES, IA 50320

PHONE: 515.243.5500 • FAX: 515.243.0126

**APPLICATION FOR EMPLOYMENT**

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

**PERSONAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Social Security Number

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

Phone No: \_\_\_\_\_ Are You 18 Years of Age or Older? ☐ Yes ☐ No

Are You a U.S. Citizen or Otherwise Authorized to Work in the United States? ☐ Yes ☐ No

I understand and agree that I may be required to undergo one or more physical examinations, including drug screening, as a condition of hiring or continued employment. I consent to take such test(s) at the time designated by the Company and release the Company, its directors, officers, agents, and employees from any claim arising in connection with the administration or results of such test(s). ☐ Yes ☐ No

**EMPLOYMENT DESIRED**

Position: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are You Currently Employed? ☐ Yes ☐ No If Yes, May We Contact Your Present Employer? ☐ Yes ☐ No

Have You Ever Applied to This Company Before? If Yes, When: \_\_\_\_\_

Education	Name And Location of School	No. of Years Attended	Did You Graduate?	Degree/Certification/ Diploma/License
High School				
College				
Trade, Business or Correspondence School				

\*The Age Discrimination in Employment Act of 1967 (ADEA) prohibits discrimination in employment based on age for individuals who are 40 years of age or older.

**EMPLOYMENT HISTORY**

**FORMER EMPLOYERS** (List your last three employers, starting with the most recent.)

Dates of Employment (Month & Year)	Name and Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				



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**REFERENCES:** (Please provide the names of three individuals, not related to you, whom you have known for at least one year.)

Name	Address	Business/Occupation	Years Acquainted

**PHYSICAL REQUIREMENTS:**

Will You Need Any Special Accommodations to Perform the Duties of the Position for Which You Are Being Considered?

☐ YES ☐ NO

If Yes, Please Explain:

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**APPLICANT CERTIFICATION AND AUTHORIZATION**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false or misleading statements may be grounds for refusal to hire or, if employed, termination of employment.

I authorize the investigation of all statements contained in this application and the references listed above to provide any information concerning my previous employment or other relevant details, whether personal or professional. I also authorize the use of background and credit reports, and I release all parties from any and all liability for furnishing such information to Air-Con Mechanical Corporation and/or Air-Con Electric LLC. A photocopy, fax, or emailed copy of this authorization shall be considered as valid as the original.

I understand and agree that, if hired, my employment is at-will and may be terminated at any time, with or without cause or prior notice, regardless of the date of payment of wages or salary.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please refer to the next page for Additional Employee Data.**



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## ADDITIONAL EMPLOYEE DATA

Air-Con Mechanical Corporation and/or Air-Con Electric LLC are an equal opportunity employer. All applicants are considered for employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, disability, or any other legally protected status. Employment decisions are based solely on qualifications and business needs.

Government agencies periodically require reports on the sex, ethnicity, veteran status, disability, and other protected characteristics of applicants. The information requested below is solely for compliance with government record-keeping and affirmative action requirements.

This data is voluntary, confidential, and will be maintained in a file separate from your Application for Employment.

We appreciate your cooperation.

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(Please Print)

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Phone # Age

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

**Referral Source:** ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In  
☐ Employment Agency ☐ Union Hall ☐ Other \_\_\_\_\_

**Gender:** ☐ Male ☐ Female ☐ Prefer Not to Answer

**Race / Ethnicity:** ☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ Asian  
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander  
☐ Two or More Races ☐ Other: \_\_\_\_\_ ☐ Prefer Not to Answer

**Check if Any of the Following Apply:**

- ☐ U.S. Military or Naval Service
- ☐ National Guard or Reserves
- ☐ Vietnam Era Veteran
- ☐ Disabled Veteran
- ☐ Recently Separated Veteran
- ☐ Armed Forces Service Medal Veteran
- ☐ Other Protected Veteran
- ☐ Prefer Not to Answer

**In Case of**

**Emergency Notify:** \_\_\_\_\_  
Name Address Phone #