



Employment Application

The information given on this form is for the use of Thermal Solutions of Texas and will be held in the strictest confidence. It will be to the applicant's advantage to answer each question fully and accurately. The use of this form does not indicate that there are any positions open and does not obligate the Company in any way.

PERSONAL	LAST NAME		FIRST NAME		MIDDLE INITIAL	EMAIL ADDRESS		
	PRESENT ADDRESS - STREET				CITY / STATE		ZIP CODE	TELEPHONE NUMBER
	MAILING ADDRESS (IF DIFFERENT)				CITY / STATE		ZIP CODE	CELL PHONE NUMBER
	REFERRED BY			DATE AVAILABLE FOR EMPLOYMENT		ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO (if no, please explain)		
	POSITION APPLIED FOR			SALARY DESIRED	GEOGRAPHIC LOCATION DESIRED		ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO		CAN YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU PREVIOUSLY WORKED FOR TSOT? <input type="checkbox"/> YES - Dates: _____ <input type="checkbox"/> NO			

EMPLOYMENT HISTORY	PRESENT OR LAST COMPANY EMPLOYED		ADDRESS			CITY/STATE	TELEPHONE NUMBER	
	START DATE	END DATE	STARTING SALARY	ENDING SALARY	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S NAME		
	JOB TITLE		REASON FOR LEAVING					
	BREIEF DESCRIPTION OF DUTIES							
	PREVIOUS EMPLOYER		ADDRESS			CITY/STATE	TELEPHONE NUMBER	
	START DATE	END DATE	STARTING SALARY	ENDING SALARY	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S NAME		
	JOB TITLE		REASON FOR LEAVING					
	BREIEF DESCRIPTION OF DUTIES							
	PREVIOUS EMPLOYER		ADDRESS			CITY/STATE	TELEPHONE NUMBER	
	START DATE	END DATE	STARTING SALARY	ENDING SALARY	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S NAME		
	JOB TITLE		REASON FOR LEAVING					
	BREIEF DESCRIPTION OF DUTIES							
	PREVIOUS EMPLOYER		ADDRESS			CITY/STATE	TELEPHONE NUMBER	
	START DATE	END DATE	STARTING SALARY	ENDING SALARY	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUPERVISOR'S NAME		
	JOB TITLE		REASON FOR LEAVING					
	BREIEF DESCRIPTION OF DUTIES							



EDUCATION	SCHOOL ATTENDED AND LOCATION	DATES ATTENDED		MAJOR	TYPE OF DEGREE	DATE GRADUATED/COMPLETED
	HIGH SCHOOL	FROM	TO			
	COLLEGE OR UNIVERSITY					
	TECHNICAL / GED					
	LICENSES / CERTIFICATIONS / OTHER	NUMBER	DATE AWARDED	DATE EXPIRES	ISSUED BY	

COMPLETE ONLY IF YOU SERVED IN THE MILITARY

MILITARY	BRANCH OF SERVICE	YEARS IN SERVICE	RESERVE STATUS	RANK AT DISCHARGE	DATE OF DISCHARGE
	DESCRIBE ANY MILITARY SKILLS, TRAINING OR EXPERIENCE YOU BELIEVE ARE RELEVANT TO THE POSITION APPLIED FOR:				

ALL APPLICANTS: You must answer all four questions below. When answering the following questions, you may exclude any records expunged, annulled, sealed, discharged, dismissed, erased under first-offender law or otherwise eradicated by statute or court order. You may also exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. A criminal conviction will not necessarily be a bar to employment but will be considered in relation to specific job requirements.

CRIMINAL HISTORY	<p>Have you been convicted of a felony within the last seven (7) years?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONVICTION: _____
	<p>Have you been convicted within the last seven (7) years of misappropriation of funds, embezzlement or other dishonest conduct; or an offense involving the use of a weapon; for burglary, robbery, breaking and entering or theft; or physical assault or other violent crime?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONVICTION: _____
	<p>Have you been convicted of or completed a period of incarceration with the past five (5) years for any misdemeanor?</p> <input type="checkbox"/> YES <input type="checkbox"/> NO DATE OF CONVICTION: _____
	<p>If the answer to the above question is "YES", please state whether you were convicted more than five (5) years for any offense.</p> <input type="checkbox"/> YES <input type="checkbox"/> NO DATE(S) OF CONVICTION: _____
	<p>A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe your criminal conviction(s) including penalty(ies) imposed, listing the nature of your offense(s), and your rehabilitation since the conviction.</p>

SKILLS	LIST OFFICE SKILLS, TRADES, ABILITIES OR LICENSE CERTIFICATIONS THAT MAY BE BENEFICIAL IN THE JOB FOR WHICH YOU ARE APPLYING.	
	FOREIGN LANGUAGES	DEGREE OF PROFICIENCY <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE

REFERENCES	NAME and ASSOCIATION	OCCUPATION	CITY/STATE	TELEPHONE	YEARS KNOWN
	NAME and ASSOCIATION	OCCUPATION	CITY/STATE	TELEPHONE	YEARS KNOWN
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	NAME and ASSOCIATION	OCCUPATION	CITY/STATE	TELEPHONE	YEARS KNOWN

THERMAL SOLUTIONS OF TEXAS IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE AGAINST APPLICANTS OR EMPLOYEES ON THE BASIS OF RACE, COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR DISABILITY.



APPLICANT'S STATEMENT (Applicant must review and sign below.)

I affirm that I have read and fully completed both sides of this application and all information as written above is true and correct, and I acknowledge that I may be terminated at any time if any information I supply is false. I acknowledge that this application will remain active for no more than 45 days. If I wish to be considered for employment after this 45 day period, I will reapply. I understand that if I am employed by Texas Systems and Controls, Inc. my employment and compensation can be terminated, with or without cause and with or without prior notice.

I authorize the references listed on this application to give you any and all information concerning my previous employment and 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 hereby grant Thermal Solutions of Texas the right and privilege to withhold, retain or deduct an amount up to and including the total amount of indebtedness, advances, charges for personal purchase on Company accounts, or any other amounts owed to Thermal Solutions of Texas, or any of its affiliates, subsidiaries, or divisions, from any salary, wages, commissions, or any other debt owed to me by the Company.

I understand that I am required to abide by all rules and regulations of the Company. I acknowledge that these policies and procedures, and any benefits or other terms and conditions of my employment, may be changed, interpreted, withdrawn or added to by the Company at any time without prior notice to me.

SIGNATURE OF APPLICANT

DATE
