

**TOTAL COMFORT**

Heating and Cooling

**EMPLOYMENT APPLICATION****APPLICATION INFORMATION**

Last Name	First	M.I.	Date
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Street Address	Apartment/Unit #
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City	State	Zip
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Phone Day ( )	Phone Evening ( )
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Date Available	Social Security No.	Desired Salary
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Position Applied For
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Hours Available to Work	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
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Are you able to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Why do you want to work?
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List Skills Relevant to the position applied for:
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Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
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Signature:	Date:
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**EDUCATION**

<b>High School</b>	Address
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From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
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<b>College</b>	Address
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From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
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<b>Trade</b>	Address
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From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
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**REFERENCES - Please list three professional references.**

Name	Relationship
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Company	Phone ( )
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Address, City, St, Zip
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Name	Relationship
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Company	Phone ( )
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Address, City, St, Zip
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Name		Relationship	
Company		Phone ( )	
Address, City, St, Zip			
<b>PREVIOUS EMPLOYMENT</b> - List below your current and last two employers, starting with the most recent one first.			
Company		Phone ( )	
Address		Supervisor	
Job Title		Salary/Wage	\$
Duties Performed			
From	To	Reason for leaving	
May we contact your current supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company		Phone ( )	
Address		Supervisor	
Job Title		Salary/Wage	\$
Duties Performed			
From	To	Reason for leaving	
May we contact your current supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company		Phone ( )	
Address		Supervisor	
Job Title		Salary/Wage	\$
Duties Performed			
From	To	Reason for leaving	
May we contact your current supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company		Phone ( )	
Address		Supervisor	
Job Title		Salary/Wage	\$
Duties Performed			
From	To	Reason for leaving	
May we contact your current supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Note: We will not contact your current employer unless you provide your approval to do so.</i>			
<b>DISCLAIMER AND SIGNATURE</b>			
I hereby state that all information provided is true. I understand that misrepresentation or omission of facts may result in rejection of the application, or if hired, discipline up to and including dismissal. I understand that I may be required to sign a confidentiality and/or non-compete agreement, should I become an employee of Total Comfort Heating & Cooling. I also agree to allow Total Comfort Heating and Cooling to have a criminal background check.			
Signature:		Date:	
<b>Total Comfort Heating &amp; Cooling   106 Old Causeway Rd   Atlantic Beach, NC 28512</b> <b>(252) 240-COOL 240-HEAT</b>			



NORTH CAROLINA  
DIVISION OF MOTOR VEHICLES  
DRIVER LICENSE SECTION



Driver Privacy Protection Act Authorization  
To Disclose Personal Information Form DL-DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize the release of my personal information to the person named below.

Print your full name as it appears on your driver license

\_\_\_\_\_  
Your signature (MUST BE SIGNED)

Your N.C. driver license number, SSN or ITIN & date of birth

Date signed

Person to receive information:

Mailing address:

Fees: Certified Complete History - \$11      Uncertified Complete History -\$8      Uncertified Limited History - \$8

Circle one of the above to indicate the type of MVR to be released. Make checks payable to "NCDMV".  
Mail this form and fees to: NCDMV, Driver License Records, 3113 Mail Service Center, Raleigh, NC 27699, *please allow 10 business days processing time, this does not include US Postal service delivery time to or from the DMV.*

Form DL-DPPA-2, Revised Oct 2005  
Previous editions are obsolete, DO NOT USE