

# Fahnestock



**PLUMBING  
HVAC  
ELECTRIC  
FIREPLACES**



(316) 943-HEAT [www.FahnestockHVAC.com](http://www.FahnestockHVAC.com)

## Fahnestock Employment Application

### PERSONAL INFORMATION

Name (Last, First, Middle)			Telephone Number ( ) -
Address			Cell Phone Number ( ) -
City	State	Zip	Email Address

### EMPLOYMENT INFORMATION

Position Applying		Salary Desired
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available to start work / /	Referred by
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previously employed at Fahnestock? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

### EMPLOYMENT HISTORY – *Begin with the most recent employment first*

Dates From To	Company Name	City, State
Titles and Duties		Supervisor's Name
Reason for leaving		Telephone Number ( ) -

Dates From To	Company Name	City, State
Titles and Duties		Supervisor's Name
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Titles and Duties		Supervisor's Name
Reason for leaving		Telephone Number ( ) -

**MILITARY**

Branch of Service	RANK
Describe any military training received relevant to the position for which you are applying:	

**EDUCATION/TRAINING – Include Technical/Academic Achievements/Courses**

Have you obtained a high school diploma or GED certificate?     Yes     No

School	Name & Location	Diploma/Degree	Subject of Specialization
High School			
College/University			
Specialized Courses & Training			

**COMPUTER AND CLERICAL SKILLS – List specific computer and clerical skills**

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**PROFESSIONAL AND TECHINCAL INFORMATION – To be completed for Licensed Positions**

Registration Number	Expiration Date	Certificate Number	Expiration Date
If not licensed in Kansas, have you applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If licensed in another state, please list:	

**OTHER SPECIAL SKILLS – List other specific skills for this position**

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**REFERENCES – Give the names of three persons not related to you**

Name	Address	Telephone	Occupation
		(    )    -	
		(    )    -	
		(    )    -	

**AUTHORIZATION**

-- "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal."  
 -- "I authorize investigation of all statements contained herein, and the references and employers listed above, to give you any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release the company from all liability for damage that may result from utilization of such information."  
 --"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."  
 --This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American Disabilities Act (ADA) and other relevant federal and state laws.

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

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