

ROBERTSON HEATING SUPPLY CO.  
**Application for Employment**



Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PLEASE PRINT

Position(s) Applied For \_\_\_\_\_ Earnings Expected \_\_\_\_\_

Name \_\_\_\_\_  
 LAST FIRST MIDDLE

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you are under 18, can you furnish a work permit?  YES  NO \_\_\_\_\_

Have you ever been employed here before?  YES  NO \_\_\_\_\_

Are you legally eligible for employment in this country?  YES  NO \_\_\_\_\_  
 (Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired  Full Time  Part Time

Have you ever been convicted of a felony in the last seven (7) years?  YES  NO

(Such conviction may be relevant if job related, but does not bar you from employment)

If yes, please explain \_\_\_\_\_

Driver's license number \_\_\_\_\_ State \_\_\_\_\_

**Employment History**

List your last three (3) employers, assignments or volunteer activities, **starting with the most recent**, including military experience

Date From	Date To	Employer	Telephone
Job Title		Summarize the nature of work performed and job responsibilities	
Immediate Supervisor & Title			
REASON FOR LEAVING		Most enjoyable part of your job	
		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	
Date From	Date To	Employer	Telephone
Job Title		Summarize the nature of work performed and job responsibilities	
Immediate Supervisor & Title			
REASON FOR LEAVING		Most enjoyable part of your job	
		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	
Date From	Date To	Employer	Telephone
Job Title		Summarize the nature of work performed and job responsibilities	
Immediate Supervisor & Title			
REASON FOR LEAVING		Most enjoyable part of your job	
		Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____	
Add any position you have held that may be relevant to the plumbing and heating wholesale industry or customer service industry.		Employer	Telephone

## Educational Background

Name and Location	Years Completed	Did You Graduate?		Last Year Attended	Course of Study
High School					
College		Major	Degree		
Trade School, Business College, etc.					
<b>Work Related References</b>					
Name / Company		Telephone		Years Known	

Who referred you to this company?

Other than needing employment, why did you apply at Robertson Heating Supply?

What are your biggest strengths as a prospective employee?

List three (3) unique characteristics that your previous supervisor would use to describe you.

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 herein and the references listed above to give you any and all information concerning my previous employment and any 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 understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

***I hereby give Robertson Heating Supply Co. permission to perform a background check which will include a Bureau of Motor Vehicle report as well as a criminal background check.***

***I understand employment is contingent on passing a drug test.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DO NOT WRITE BELOW THIS LINE

2019 Revision

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_ Test Grade \_\_\_\_\_

Remarks \_\_\_\_\_

Hired \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Salary or Wages \_\_\_\_\_

# Background Check: FCRA Authorization to Obtain a Consumer Report

## Disclosure and Release Form

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Robertson Heating Supply and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_ (your name), authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Robertson Heating Supply and Open Online, company RHS uses for background checks, (PO Box 549 Columbus, OH 43216, 888-381-5656) or any other designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Please Print Clearly

1. Name (full) \_\_\_\_\_
2. Maiden Last Name \_\_\_\_\_
3. List any former names used \_\_\_\_\_
4. Social Security Number \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Telephone Number \_\_\_\_\_
7. Current Street Address including city, state and zip  
\_\_\_\_\_
8. Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

By signing below, you are certifying that the above information is true and correct

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**EEO: EEO-1 Voluntary Self Identification Form**

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this form is **voluntary** and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department, except where a disability is identified in accordance with federal law, the following personnel & officials will have access to it:

- Supervisors or others who need to be informed in order to assess requests for & implement any necessary restrictions of work duties and/or necessary accommodations
  - Proper personnel, to the extent appropriate, if the disability might require emergency treatment
- Government officials investigating compliance with the Americans with Disabilities Act or the laws administered by the Office of Federal Contract Compliance Programs

Please return completed forms to the HR Department. We thank you for your cooperation.

**Name:** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Race/National Origin:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify)

\_\_\_\_ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

\_\_\_\_ White (not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa

\_\_\_\_ Black or African American (not Hispanic or Latino): A person having origins in any of the black racial groups of Africa

\_\_\_\_ Native Hawaiian or Pacific Islander (not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands

\_\_\_\_ Asian (not Hispanic or Latino): A person having origins in any of the original peoples of Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

\_\_\_\_ Native American or Alaska Native (not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment

\_\_\_\_ Two or more races (not Hispanic or Latino): All persons who identify with more than one of the above five races

\_\_\_\_ I do not wish to disclose

## Voluntary Self-Identification of Disability

We must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this is voluntary. If applying for a job, any answer you give will be kept private and will not be used against you.

If you already work for us, your answer will not be used against you. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits life activity, or if you have a history or record of such an impairment or medical condition.

### Please check one of the below:

YES, I HAVE A DISABILITY (OR PREVIOUSLY HAD A DISABILITY) \_\_\_\_\_

NO, I DO NOT HAVE A DISABILITY \_\_\_\_\_

I DO NOT WISH TO ANSWER \_\_\_\_\_

Federal law requires employers to provide reasonable accommodations to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or perform your job.

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## Protected Veteran Categories

Disabled Veteran:

(a) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (b) a person who was discharged or released from active duty because of a service-connected disability.)

Recently Separated Veteran:

(Veteran who served on active duty in the U.S. military, ground, naval or air service during the three-year period beginning on the date of such veteran's discharge or release from active duty.)

Active Duty Wartime or Campaign Badge Veteran:

(Veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.)

Armed Forces Service Medal Veteran:

(Veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.)

I am a Protected Veteran (I identify as one or more of the classifications of Protected Veterans listed above.) \_\_\_\_\_

I am not a Protected Veteran \_\_\_\_\_

I Do Not Wish To Identify \_\_\_\_\_