

EMPLOYMENT APPLICATION

South Placer Heating and Air |Vilma Linda Plaza, Tarpon St, San Pedro Town | (501 622-6870) |

SPHA is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

(NOTE: Please attach, resume, letter of recommendation along with a copy of your Social Security and Atlantic Bank account.)

Please fill out all of the sections below:

Are you a Belizean citizen or approved to work in Belize?

What document can you provide as proof of citizenship or legal status?

Applicant Information

Applicant information	
Applicant Name:	
Gender: Male or Female	
D.O.B:	
Address:	
City, State and Zip Code:	
Telephone Number:	
Email Address:	
Date of Application:	
Employment Position	
Position(s) applying for:	
How did you hear about this	s position?
On what date can you start	working if you are hired?
Personal Information	

Yes

No

	nd qualifications you possess	for the position for wh	ich you are applying:
•	A and considers reasonable a ants/employees to perform es		res that may be
Education and Training			
High School Name	Location (City, State)	Year Graduated	Degree Earned
College/University			
Name	Location (City, State)	Year Graduated	Degree Earned
Vocational School/Specializ	zed Training Location (City, State)	Year Graduated	Degree Earned
Military: (If applicable, If n			
Services? What branch of the militar	v did vou		
enlist?	, ,		
What was your military randischarged?	nk when		
	erve in the		
How many years did you so military?			

Do you associate yourself with those known for criminal activity? Yes or No					
What are your long terms in this	s company? how long are you planning to stay in this company.				
<u>Previous Employment</u>					
Employer Name:					
Job Title:					
Supervisor Name:					
Employer Address:					
City, State and Zip Code:					
Employer Telephone:					
Dates Employed:					
Reason for leaving:					
F No					
Employer Name:					
Job Title:					
Supervisor Name:					
Employer Address: City, State and Zip Code:					
Employer Telephone:					
Dates Employed:					
Reason for leaving:					
Reason for leaving.					
Employer Name:					
Job Title:					
Supervisor Name:					
Employer Address:					
City, State and Zip Code:					
Employer Telephone:					
Dates Employed:					
Reason for leaving:					

Have you ever participated in the use of recreational drugs? Yes or No

Have you ever participated in any criminal activity such as theft, gun violence, etc.? Yes or No

AT-WILL EMPLOYMENT

Background Info:

The relationship between you and the SPHA is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Company. No representative of SPHA has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature:	Dated:	

"Thank you for your consideration in choosing your SPHA. Communication is the key to success."