PROCOOL
Commercial HVAC Services

EMPLOYMENT APPLICATION

COMMERCIAL HVAC / SERVICE / INSTALLATION

Applicant & position information

Please complete the applicable fields. Do not include SSN, date of birth, or medical information.

1 | CONTACT INFORMATION

FULL NAME

PREFERRED PHONE

EMAIL ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

2 | POSITION & AVAILABILITY

POSITION(S) OF INTEREST

DESIRED HOURLY PAY ($)

EARLIEST START DATE

EMPLOYMENT TYPE (FULL / PART TIME)

HOW DID YOU HEAR ABOUT US?

3 | EMPLOYMENT REQUIREMENTS

Legally authorized to work in the U.S.?	☐ Yes	☐ No
At least 18 years old?	☐ Yes	☐ No
Valid driver license?	☐ Yes	☐ No
Available for overtime when needed?	☐ Yes	☐ No
Willing to participate in an on-call rotation?	☐ Yes	☐ No

HVAC background & technical skills

4 | EXPERIENCE OVERVIEW

RESIDENTIAL SERVICE (YEARS)	COMMERCIAL SERVICE (YEARS)	INDUSTRIAL SERVICE (YEARS)

INSTALLATIONS (YEARS)	PREVENTIVE MAINTENANCE (YEARS)	LEAD / SUPERVISOR (YEARS)

Independently managed an installation job? ☐ Yes ☐ No

Interested in mentoring other technicians? ☐ Yes ☐ No

5 | TECHNICAL PROFICIENCY

Score each skill: 0 = None | 1 = Basic | 2 = Independent | 3 = Advanced / can train others

Electrical troubleshooting		Refrigeration diagnostics	
Commercial rooftop units		Split systems / heat pumps	
Preventive maintenance		Gas heat / combustion	
Controls / BAS		Equipment startups	
Replacement / rigging		Piping / brazing	
Airflow / ductwork		Chillers / industrial systems	

6 | CERTIFICATIONS & TRAINING

EPA CERTIFICATION TYPE	OTHER LICENSES / CERTIFICATIONS

SPECIALIZED EQUIPMENT, CONTROLS, COURSES OR TECHNICAL TRAINING

Employment history

List your three most recent employers, beginning with the most recent. Attach a resume if needed.

7 | EMPLOYER 1

COMPANY / EMPLOYER

POSITION / TITLE

DATES (MM/YYYY - MM/YYYY)

SUPERVISOR / PHONE

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES / NO

PRIMARY DUTIES / TYPES OF EQUIPMENT SERVICED OR INSTALLED

7 | EMPLOYER 2

COMPANY / EMPLOYER

POSITION / TITLE

DATES (MM/YYYY - MM/YYYY)

SUPERVISOR / PHONE

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES / NO

PRIMARY DUTIES / TYPES OF EQUIPMENT SERVICED OR INSTALLED

7 | EMPLOYER 3

COMPANY / EMPLOYER

POSITION / TITLE

DATES (MM/YYYY - MM/YYYY)

SUPERVISOR / PHONE

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? YES / NO

PRIMARY DUTIES / TYPES OF EQUIPMENT SERVICED OR INSTALLED

Education, references & certification

8 | EDUCATION & PROFESSIONAL REFERENCES

TRADE SCHOOL / EDUCATION / HIGHEST LEVEL COMPLETED

PROFESSIONAL REFERENCE 1: NAME & RELATIONSHIP

PHONE OR EMAIL

PROFESSIONAL REFERENCE 2: NAME & RELATIONSHIP

PHONE OR EMAIL

9 | ADDITIONAL INFORMATION

WHAT WOULD YOU LIKE TO LEARN OR ACCOMPLISH IN YOUR NEXT HVAC POSITION?

OTHER JOB-RELATED EXPERIENCE OR INFORMATION WE SHOULD CONSIDER (OPTIONAL)

10 | APPLICANT CERTIFICATION

I certify that the information provided is true and complete to the best of my knowledge. I understand that false or misleading information may result in withdrawal of an offer or termination of employment. I authorize Pro Cool Inc to verify the employment and professional references I have provided, subject to applicable law. This application is not an employment contract or guarantee of employment. Separate consent will be obtained for any background screening that requires a standalone disclosure or authorization.

APPLICANT SIGNATURE (TYPED NAME)

DATE

EQUAL EMPLOYMENT OPPORTUNITY

Pro Cool Inc is an equal opportunity employer. Employment decisions are made without regard to protected characteristics under applicable federal, state, or local law.