

# Employment Application



*"Doc"*  
**DANCER**  
INC.

***"Doc" Dancer, Inc.***  
**2309 S. Anthony Blvd.**  
**Fort Wayne, IN 46803**  
**260.744.3251 or 800.900.3251**  
**Fax 260.745.0310**  
**Docdancer.com**  
**NBerning@docdancer.com**

Applicant's Name (Last, First, Middle Initial): \_\_\_\_\_

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

**Please Read Before Beginning:** The information requested on this application will be used to determine your qualifications for employment. All requested information must be provided. Answer completely and accurately.

Do not leave blanks. If a question does not apply or you do not have information, write "N/A" or "Not Applicable."

Once submitted, this document will be kept confidential and remain the property of **"Doc" Dancer, Inc.**

**"Doc" Dancer, Inc.** is committed to a policy of equal employment opportunity. We will not discriminate on the basis of race, creed, color, sex, sexual orientation, age, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected basis.

# About "Doc" Dancer, Inc.

"Doc" Dancer, Inc. was started in 1946 by Robert L. Dancer. In 1967, Willis Bulmahn bought the business and worked diligently to make "Doc" Dancer a household name in the Fort Wayne heating & air conditioning market. Bill & Nancy Berning (son-in-law & daughter of Willis) became owners of "Doc" Dancer, Inc. in 1998 upon their father's death. "Doc" Dancer, Inc. specializes in residential and light commercial HVAC service and replacement markets.

"Doc" Dancer, Inc. is an established contracting company with an excellent reputation for performance and as a place to work. The company cares about its employees, and insists that employees care about their customers.

"Doc" Dancer's office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. Standard service hours are from 8:00 a.m. to 4:30 p.m. Monday through Friday. Service personnel are expected to work in excess of 40 hours during periods of high demand and to remain on call from time-to-time. Employees are compensated accordingly.

New hires must provide verification of the right to work in the United States. The company performs background checks and pre-hire drug screens on all new hires. New employees work on probation for 60 days.

## Benefits

"Doc" Dancer, Inc. offers very competitive pay and benefits. The benefits include:

- Paid Holidays
- Paid Personal Time Off
- Social Security
- Simple IRA Retirement Plan
- Workman's Compensation Insurance
- Health Insurance
- Life Insurance
- Field Service Spiffs & Incentives
- Field Service Vehicle Usage
- Field Service Safety Awards
- Field Service Tool Allowance
- Field Service 100% Paid Uniform
- Company Training
- External Training

# Personal Data

\_\_\_\_\_

Date

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Social Security Number

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

May we contact  
you at your work  
phone?

Are you 18 years  
old or over?

If you are under  
18, do you have a  
work permit?

Yes  No

Yes  No

Yes  No

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Mobile Phone

\_\_\_\_\_

Work Phone

Have you worked  
for us before?

Yes  No

\_\_\_\_\_

If yes, when?

\_\_\_\_\_

If yes, under what name?

\_\_\_\_\_

If yes, what position(s) did you hold?

# Position Desired

Type of work you are applying for:

Laborer

Maintenance  
Technician

Dispatch

Technician's  
Assistant

Installation  
Technician

Customer  
Service Rep

Shop

Service  
Technician

Office

Sales

Managerial

Type of schedule:

Part-Time

Regular

Full-Time

Temporary

Days

Seasonal (i.e.,  
summer)

Nights

Weekends

Any

Other (describe): \_\_\_\_\_

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

How did you select "Doc" Dancer, Inc. (Please name any employee, advertisement, etc.)?

If you receive a conditional offer of employment,  
can you provide verification of your identity and  
legal right to work in the United States?

Yes  No

Have you ever been convicted of a felony (Do not  
identify convictions that have been sealed, expunged,  
dismissed, pardoned, or otherwise eradicated)?

Yes  No

Do you have any physical limita-  
tions that may inhibit your ability  
to perform the tasks required of  
the position you are applying for?

Yes  No

\_\_\_\_\_

If you are not a U.S. citizen,  
what is your visa status?

Are you currently on  
"lay off" status and  
subject to a recall?

Yes  No

# Education

School Name	Location	Years Attended	Years Completed (Circle)				Diploma Or Degree (Circle)		Major Field of Study
			9	10	11	12	Y	N	
_____	_____	_____	High School				Y	N	_____
_____	_____	_____	Trade School				Y	N	_____
_____	_____	_____	College				Y	N	_____
_____	_____	_____	Grad School				Y	N	_____
_____	_____	_____	Other				Y	N	_____

Post Graduate Training Or Certifications	Date	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# Technical/Computer Skills

## Office/Software

- Microsoft Publisher
- Microsoft Excel
- Microsoft Access
- Microsoft Word
- Quick Books Pro
- Adobe Photoshop
- Switchboard
- 10-Key
- Bookkeeping
- Load Calculation
- Other: \_\_\_\_\_

## HVAC

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| Service                  | Install                  |                          |
| <input type="checkbox"/> | <input type="checkbox"/> | Air Conditioning         |
| <input type="checkbox"/> | <input type="checkbox"/> | Air Distribution         |
| <input type="checkbox"/> | <input type="checkbox"/> | Air to Air Heat Pump     |
| <input type="checkbox"/> | <input type="checkbox"/> | Gas Warm Air Heating     |
| <input type="checkbox"/> | <input type="checkbox"/> | Oil Warm Air Heating     |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydronic Gas Heating     |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydronic Oil Heating     |
| <input type="checkbox"/> | <input type="checkbox"/> | Light Refrigeration      |
| <input type="checkbox"/> | <input type="checkbox"/> | Commercial Refrigeration |
| <input type="checkbox"/> | <input type="checkbox"/> | Chillers                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Control Systems          |

## Job Skills

- Brazing
- Welding
- Electrical
- Sheet Metal
- Carpentry
- Other: \_\_\_\_\_

## Licenses

- HVAC Contractor
- Plumbing Journeyman
- Master Plumber
- Electrical
- Other: \_\_\_\_\_

# Work History

Employer (Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	If Still Employed By This Company, May We Contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

Employer (Next Most Recent)		Job Title	Supervisor
Employed From (Mo/Yr)	Employed To (Mo/Yr)	Employer Address	
		Telephone Number, Including Area Code	
Starting Pay Rate/Salary	Ending Pay Rate/Salary	Job Duties/Work Performed	

# References

Please list the names and contact information of two business or professional references we may contact. Do not list relatives as references. School or volunteer related references may be listed.

**1.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number, Including Area Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
How Acquainted

**2.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number, Including Area Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
How Acquainted

Please list the names and contact information of two personal references, who have known you for at least five years, who we may contact. Do not list relatives. School or volunteer related references may be listed.

**1.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number, Including Area Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
How Acquainted

**2.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number, Including Area Code

\_\_\_\_\_  
Address

\_\_\_\_\_  
How Acquainted

# Emergency Contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number, Including Area Code

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

# Driving Information

Only applicants for technician positions that require the use of company vehicles should complete the following. Other applicants should skip this section.

Do you have a current driver's license?

Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your driver's license ever been suspended for any reason?

Yes  No

\_\_\_\_\_

Do you have personal automobile insurance?

Yes  No

\_\_\_\_\_

Has your personal automobile insurance ever been cancelled?

Yes  No

\_\_\_\_\_

List all moving traffic violations from the past five years.

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

# Work Availability

Do you have any objections to working overtime?

Yes  No

Do you have any objections to being on call?

Yes  No

If needed, would you be able to work overtime with little notice?

Yes  No

Can you work on Saturday?

Yes  No

Can you work on Sunday?

Yes  No

# Supplemental Information

Please describe any additional training, qualifications, or other factors we should be aware of.

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How do you feel you can contribute to the "Doc" Dancer, Inc. team?

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Why do you want to work at "Doc" Dancer, Inc.?

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# Applicant's Statement

By signing this application, I agree to the following:

\_\_\_\_\_  
Acknowledge By  
Initialing

I declare that the information I have provided in this employment application is complete and truthful to the best of my knowledge. I acknowledge and agree that omitting information or providing false information on this application would be grounds for refusal to hire or termination, if hired.

\_\_\_\_\_  
Acknowledge By  
Initialing

I understand that nothing in this employment application, nor anything said to me by any representative of "Doc" Dancer, Inc. during the interview process or afterwards shall constitute a contract of employment or other employment rights.

\_\_\_\_\_  
Acknowledge By  
Initialing

I authorize "Doc" Dancer, Inc. to investigate and validate the information provided on this application and give permission to any people or organizations listed on this application to provide "Doc" Dancer, Inc. with any and all information regarding prior employment, education, and other pertinent information they might have, whether personal or otherwise. I release all parties from any liability for damage that might result from the utilization of this information.

\_\_\_\_\_  
Acknowledge By  
Initialing

If hired, I authorize "Doc" Dancer, Inc. to provide my employment record and other information surrounding my employment to prospective employers, government agencies, or other parties with an interest that "Doc" Dancer, Inc. at its sole discretion deems appropriate.

\_\_\_\_\_  
Acknowledge By  
Initialing

If I am employed by "Doc" Dancer, Inc. , I agree to conform to "Doc" Dancer, Inc. rules, regulations, and policies as described in the employee handbook and other documents. I understand that these rules and regulations may be modified, discarded, or amended by "Doc" Dancer, Inc., at any time, without prior notice, at the sole discretion of "Doc" Dancer, Inc. management. I agree to conform to any changes in "Doc" Dancer, Inc. rules, regulations, and policies.

\_\_\_\_\_  
Acknowledge By  
Initialing

If employed by "Doc" Dancer, Inc., I acknowledge that my employment is completely "at will." My employment with "Doc" Dancer, Inc. may be terminated with or without cause, at any time, by me or by "Doc" Dancer, Inc.

\_\_\_\_\_  
Acknowledge By  
Initialing

I acknowledge that no representative or employee of "Doc" Dancer, Inc. has the authority to create or enter into an agreement for employment with me for a set time period or assurance of any benefits beyond the terms and conditions described in the employee handbook.

\_\_\_\_\_  
Acknowledge By  
Initialing

I agree to a physical examination, psychological examination, and drug testing before the start of employment or following employment, at the discretion of "Doc" Dancer, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date