

**FORMER EMPLOYERS
IMPORTANT**

If you have worked for another **Watsco** Company, please list the name and last day worked. _____
Have you ever been employed here before? If yes, give dates: _____
Do you have friends or relatives who work here? If yes, Name _____ Relationship _____

LIST EVERY EMPLOYMENT WHETHER OR NOT IT SEEMS RELEVANT TO POSITION APPLIED FOR. IF LAPSES OCCURED BETWEEN PERIOD OF EMPLOYMENT GIVE DATES OF AND REASON FOR UNEMPLOYMENT. **RESUMES** ARE NOT ACCEPTED IN LIEU OF COMPLETION OF THIS APPLICATION.

PRESENT OR LAST EMPLOYER

NAME OF EMPLOYER				TELEPHONE NO., IF KNOWN	
ADDRESS -STREET	CITY	STATE	ZIP	NATURE OF BUSINESS	
EMPLOYMENT DATES (MO AND YR) FROM TO		TITLE OF POSITION	NO. OF PEOPLE SUPERVISED	NAME AND TITLE OF SUPERVISOR	
REASON FOR DESIRING CHANGE OR LEAVING				STARTING SALARY	FINAL SALARY
MAY WE CONTACT?					
DESCRIPTION OF DUTIES					

NEXT PREVIOUS EMPLOYER

NAME OF EMPLOYER				TELEPHONE NO., IF KNOWN	
ADDRESS -STREET	CITY	STATE	ZIP	NATURE OF BUSINESS	
EMPLOYMENT DATES (MO AND YR) FROM TO		TITLE OF POSITION	NO. OF PEOPLE SUPERVISED	NAME AND TITLE OF SUPERVISOR	
REASON FOR DESIRING CHANGE OR LEAVING				STARTING SALARY	FINAL SALARY
MAY WE CONTACT?					
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REASON FOR DESIRING CHANGE OR LEAVING				STARTING SALARY	FINAL SALARY
MAY WE CONTACT?					
DESCRIPTION OF DUTIES					

REFERENCES

LIST THREE PERSONS OTHER THAN RELATIVES OR FORMER EMPLOYERS WHOM YOU HAVE KNOWN FOR FIVE YEARS OR MORE.

NAME	ADDRESS/PHONE NUMBER	OCCUPATION
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"I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation employment with Watsco Inc. or it's subsidiaries exclusively by final and binding arbitration before a neutral Arbitrator. By example only, such claims include claims under federal, state, and local statutory or common laws such as Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, American with Disabilities Act, the law of contract and the law of tort".

If I am hired, I understand that I will be required to serve
A ninety day probationary period.

APPLICANTS SIGNATURE

DATE

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Executive Officer, in writing) has the authority to enter into any agreement with me or to make any contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature _____ Date _____

This Employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.