

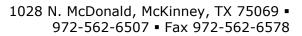
EMPLOYMENT APPLICATION

Equal Employment Opportunity Employer: We are an EEO employer as defined by the EEOC.

Pre-Employment Drug Testing Policy: Our Company prohibits the use, sale or possession of illegal drugs. We see the use of drugs as a serious threat to our employees, their families, and our customers. In order to ensure a drugfree work place, applicants receiving an offer for employment will undergo screening for the presence of illegal drugs as a condition for employment. Any applicant with positive test results will be denied employment.

Criminal Background Check Policy: Post-offer criminal background checks will be conducted as part of the hire process, which may include a driving record report for positions that require driving of company vehicles or use of personal vehicles for business purposes. A criminal conviction is not a bar to employment. The company will conduct an individualized assessment of the relevance of any criminal history to the duties of the position.

AP	PLICANT	INFORM	ATION		
Position Applied For:		_ Desired S	alary:	Date:	
Name: First MI Last		_ Social Sec	curity #:	Last Four Digits Only	
Address: Street Name		Apt/Bldg #			
City		State		ZIP Code	
Cell Phone:		_ Email:			
Date Available to Start:					
Are you legally authorized to work in the United States?	□ Yes	□ No			
Will you now or in the future require sponsorship for employment visa status (e.g., H-IB visa status)?	☐ Yes	□ No			
Have you worked for this company before?	□ Yes	□ No	If so, wh	nen?	
Are you at least 18 years of age?	□ Yes	□ No			
Are you able to perform the essential functions of the job with or without reasonable accommodation?	□ Yes	□ No			
What reasonable accommodation, if any, would you require?					
Are you willing to work any shift, including nights and weekends?	□ Yes	□ No			
If no, please state any limitations:					
Have you ever been convicted of or pleaded nolo contendere (no contest) to any violation of the law other than minor traffic tickets?	□ Yes	□ No			
If ves, please explain:					





How did you hear about this position?							
☐ Advertisement	☐ Unemployment Office			☐ Other			
☐ Job Fair	☐ Web Site			☐ Referring Employee Name:			
	E	DUCATION	N AND	TRAINING			
	NAME OF SCI	HOOL	LOCAT	TON/ ADDRESS	NUMBER OF YEARS		GREE/ FICATION
HIGH SCHOOL							
COLLEGE							
OTHER TRAINING (graduate, technical, vocational)							
SKILLS: Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each skill. (One represents poor ability, while five represents exceptional ability.) Skill: Years of Experience Ability or Rating							
						1 2 3	4 5
						1 2 3	4 5
							T J
						1 2 3	
						1 2 3	
		TRANS	SPORTA	ATION		1 2 3	
		TRANS					
Do you have a valid Drive	er's License?	TRANS	S PORTA □Ye			1 2 3	
Do you have a valid Driver's License Number:		TRANS State of Is	□Ye		Class C	□No	
•			□Ye	es	Class C	□No Co	4 5
•	: r accident or movir	State of Is	□Ye	Expiration Date		□No Co	4 5



EMPLOYMENT BACKGROUND

Please list at least three years of your work experience beginning with the most recent position held.

Employer Name:		Phone Number:				
Street Address:		Last Supervisor:				
City, State, ZIP:		May we contact your previous employer for a reference?	□Yes □No			
Last Job Title:	Employment Dates:	Reason for Leaving	Rate of Pay:			
	From:		Start:			
	То:		Final:			
List the jobs you held, duties performed, and skills, including equipment type experience.						
Employer Name:		Phone Number:				
Street Address:		Last Supervisor:				
City, State, ZIP:		May we contact your previous employer for a reference? □Yes □No				
Last Job Title:	Employment Dates:	Reason for Leaving	Rate of Pay:			
	From:		Start:			
	To:		Final:			
List the jobs you held, duties performed, and skills, including equipment type experience.						
Employer Name:		Phone Number:				
Street Address:		Last Supervisor:				
City, State, ZIP:		May we contact your previous employer for a reference? □Yes □No				
Last Job Title:	Employment Dates:	Reason for Leaving	Rate of Pay:			
	From:		Start:			
	To:		Final:			
List the jobs you held, duties performed, and skills, including equipment type experience.						



REFERENCES			
NAME:	RELATIONSHIP:		
COMPANY:	PHONE:		
NAME:	RELATIONSHIP:		
COMPANY:	PHONE:		
CERTIFI	ICATION		
	oplication is truthful and accurate. I understand that basis for rejection of my Application, or if employment		
organizations regarding my employment and educat organizations to fully and freely communicate	, Inc. to contact former employers and educational tion. I authorize my former employers and educational information regarding my previous employment, sons designated as references to fully and freely aployment and education.		
of employment signed on behalf of the organization relationship will be at-will in nature. In other work employment with or without cause, and with or with right to terminate the employment relationship with time. Moreover, no agent, representative, or employment in a specific written contract of employment relationship with time.	and that unless I am offered a specific written contract on by its Human Resources Manager, the employment rds, the Company reserves the right to terminate my thout notice, at any time. Likewise, I have the same or without cause, and with or without notice, at any ployee of Air Conditioning Innovative Solutions, Inc., at signed on behalf of the organization by its Human the voluntary nature of the employment relationship.		
I HAVE CAREFULLY READ THE ABOVE CERTIFIC TERMS	CATION AND I UNDERSTAND AND AGREE TO ITS		
SIGNATURE:	DATE:		