



APPLICATION FOR EMPLOYMENT

Conditioned Air Systems, Inc. is recognized as a "drug-free" workplace. If considered for employment you will be required to take a drug test. The results of the test determines whether you will be employed by our company.

DATE _____

NAME IN FULL _____

STREET ADDRESS _____

CITY STATE & ZIP _____

PHONE # _____

S.S. # _____ S.S. NUMBERS MUST BE VERIFIED BEFORE EMPLOYMENT.

BIRTHDAY _____ (MO) _____ (DAY) _____ (YEAR)

ARE YOU A SMOKER OR A NON-SMOKER? _____

PERSON TO NOTIFY IN EMERGENCY _____

RELATIONSHIP _____ PHONE# _____

ADDRESS _____

ANY DEFECT IN _____ SPEECH _____ HEARING _____ SIGHT

OTHER _____

DO YOU OR HAVE YOU HAD ANY DRUG/ALCOHOL RELATED PROBLEMS? _____

EXPLAIN _____

IF HIRED WOULD YOU BE WILLING TO TAKE A DRUG TEST? _____

HOW MUCH TIME DUE TO ILLNESS HAVE YOU LOST IN THE PAST 2 YEARS? _____

EXPLAIN _____

HAVE YOU HAD ANY WORKMANS COMP. CLAIMS IN THE PAST 2 YEARS? _____

EXPLAIN _____

DO YOU HAVE A VALID DRIVERS LICENSE? _____ NUMBER _____

LIST TRAFFIC VIOLATIONS IN THE PAST THREE YEARS _____

HAS BOND EVER BEEN REFUSED? IF SO WHERE? _____

IF EMPLOYED WHEN CAN YOU START? _____

EDUCATION

NAME OF GRAMMAR SCHOOL _____

CITY/STATE _____ YEAR GRADUATED _____

NAME OF HIGH SCHOOL _____

CITY/STATE _____ YEAR GRADUATED _____

IN WHAT COURSE(S) DID YOU SPECIALIZE IN HIGH SCHOOL? _____

NAME OF COLLEGE/TRADE SCHOOL _____

CITY/STATE _____ YEAR GRADUATED _____

DEGREE RECEIVED _____ MAJOR/MINOR _____

OTHER SPECIAL TRAINING _____

ARE YOU STUDYING NOW? _____ IF SO WHAT SUBJECT(S)? _____

BUSINESS EXPERIENCE AND REFERENCES (SHOW LAST POSITION FIRST)

1. NAME OF COMPANY _____

DATES WORKED _____

PHONE# _____

CITY/STATE _____

POSITION/NATURE OF WORK _____

MONTHLY SALARY _____ WERE YOU BONDED _____

REASON FOR LEAVING _____

SUPERVISOR _____

2. NAME OF COMPANY _____

DATES WORKED _____

PHONE# _____

CITY/STATE _____

POSITION/NATURE OF WORK _____

MONTHLY SALARY _____ WERE YOU BONDED _____

REASON FOR LEAVING _____

SUPERVISOR _____

3. NAME OF COMPANY _____

DATES WORKED _____

PHONE# _____

CITY/STATE _____

POSITION/NATURE OF WORK _____

MONTHLY SALARY _____ WERE YOU BONDED _____

REASON FOR LEAVING _____

SUPERVISOR _____

MAY WE CONTACT PAST EMPLOYERS? _____

NAME OF SPOUSE _____

WHERE IS SPOUSE EMPLOYED? _____

NO. OF MINOR CHILDREN _____ OTHER DEPENDANTS _____

CHARACTER REFERENCES

1. NAME _____ OCCUPATION _____

ADDRESS _____ PHONE # _____

2. NAME _____ OCCUPATION _____

ADDRESS _____ PHONE # _____

3. NAME _____ OCCUPATION _____

ADDRESS _____ PHONE # _____

By signing this application I affirm that all statements made are true.

SIGNATURE _____

(Application must be signed for us to verify information stated herein.)