

Personal

| | | | |
|--|--|----------------|--------|
| Last Name | | First | Middle |
| Street Address | | Home Phone | |
| City, State, Zip | | Business Phone | |
| Position Sought | | Pay Desired | |
| Source of Referral | | Date Available | |
| Type of work sought? <input type="checkbox"/> Sales <input type="checkbox"/> Installation <input type="checkbox"/> Service <input type="checkbox"/> Administration | | | |
| Type of employment sought? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary | | | |

Education

| School | Name and Location | Course of Study | # of Years Completed | Did You Graduate? | Degree or Diploma |
|-------------|-------------------|-----------------|----------------------|---|-------------------|
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Voc-tech | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Voc-tech | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Licenses: Drivers, Professional and Trade, plus any Training Certificates

| Type | Issued By | License Identification | Date Issued | Is License Current? |
|------|-----------|------------------------|-------------|---|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

U. S. Military Service

| | | |
|--|------|----|
| Branch of Service | From | To |
| Rank and Type of Service Performed | | |
| Training and Experience Received | | |
| What was your type of military discharge and date? | | |

Employment History

Please attach a resume if you have one. If necessary, please use an additional sheet of paper to complete your employment history. Account for all time since leaving high school or at least the last 10 years. Include Military Service and all periods of unemployment exceeding 30 days. Start with your present or most recent employer.

Company Name: _____ Your Title _____

Street _____ City _____ State and Zip _____

Phone (_____) _____ Dates (Mo./Yr.) From _____ To _____ Full or Part Time

How were you paid? Hourly Rate, Annual Salary, Commission, By the Job. What is your compensation?

Supervisor's Name _____ Reason for Leaving _____

Describe Your Job Responsibilities _____

Company Name: _____ Your Title _____

Street _____ City _____ State and Zip _____

Phone (_____) _____ Dates (Mo./Yr.) From _____ To _____ Full or Part Time

How were you paid? Hourly Rate, Annual Salary, Commission, By the Job. What was your compensation?

Supervisor's Name _____ Reason for Leaving _____

Describe Your Job Responsibilities _____

Company Name: _____ Your Title _____

Street _____ City _____ State and Zip _____

Phone (_____) _____ Dates (Mo./Yr.) From _____ To _____ Full or Part Time

How were you paid? Hourly Rate, Annual Salary, Commission, By the Job. What was your compensation?

Supervisor's Name _____ Reason for Leaving _____

Describe Your Job Responsibilities _____

Employment History (continued)

Company Name: _____ **Your Title** _____

Street _____ City _____ State and Zip _____

Phone (_____) _____ Dates (Mo./Yr.) From _____ To _____ Full or Part Time _____

How were you paid? Hourly Rate, Annual Salary, Commission, By the Job. What was your compensation?

Supervisor's Name _____ Reason for Leaving _____

Describe Your Job Responsibilities _____

Company Name: _____ **Your Title** _____

Street _____ City _____ State and Zip _____

Phone (_____) _____ Dates (Mo./Yr.) From _____ To _____ Full or Part Time _____

How were you paid? Hourly Rate, Annual Salary, Commission, By the Job. What was your compensation?

Supervisor's Name _____ Reason for Leaving _____

Describe Your Job Responsibilities _____

Company Name: _____ **Your Title** _____

Street _____ City _____ State and Zip _____

Phone (_____) _____ Dates (Mo./Yr.) From _____ To _____ Full or Part Time _____

How were you paid? Hourly Rate, Annual Salary, Commission, By the Job. What was your compensation?

Supervisor's Name _____ Reason for Leaving _____

Describe Your Job Responsibilities _____

Special Skills and Qualifications

Summarize special skills, qualifications, licenses, hobbies, professional, and business or civic experiences not already covered that you think would especially qualify you for employment.

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References Who We May Contact (provide at least 3)

| Name | Address | Phone | Occupation | Yrs. Known |
|------|---------|-------|------------|------------|
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Declarations and Acknowledgements:

1. I understand that the receipt of this completed application does not imply that I will be employed. I also understand that if I am offered employment, the Company will do so with a formal "Offer Letter."
2. I understand that my employment will be subject to my submitting documentary proof of my identity and legal eligibility to work.
3. I understand that any offer may be contingent upon a favorable pre-employment background check and my taking and passing a drug/alcohol test.
4. If employed, I agree to read the Company's Employee Handbook and to comply with its policies and provisions.
5. I understand that all employees of the Company are employees "at will." This means I am free to resign at any time for any reason. Likewise, the Company may terminate my employment at any time with or without reason. Nothing contained in the Employee Handbook or any other document provided to the employee is intended to be, or should be construed as, a guarantee that employment or any benefit is to be continued for any period of time. Any wage, salary or benefit figure provided to an employee in weekly, monthly or annual terms is stated for the sake of convenience or to facilitate comparisons and does not create an employment contract for any special period of time.
6. If employed, I agree that upon termination of my employment, I will return all Company property and records in my possession.
7. I certify that all of my statements and answers in this application are true and complete, and I agree that any untrue or misleading answer, omission, concealment or failure to answer any question fully and accurately will be grounds for terminating my employment, regardless of when it is discovered.

Signature: _____ **Date:** _____

Authorizations for Pre-Employment Background Check and Drug/Alcohol Testing

1. Background Check Authorization and Release

Background Check: I, _____ (*print name*), authorize Managed Air Systems or one of its agents to check with my references and any of my employers, except as note below, and to keep and preserve records of such inquiries.

Further, I authorize all individuals, schools, training institutions and employers named herein, except as noted below, to provide any information request about me.

Additionally, I release Managed Air Systems and all other parties from liability for any damage that may result from, or is related to, the furnishing of information on me to Managed Air Systems.

Exceptions, if any: _____

If you are currently employed, may we contact your current employer? Yes No

Social Security Number: _____

Signature: _____ **Date:** _____

2. Motor Vehicle Records Inquiry Authorization and Release: Only for candidates seeking employment in Sales, Installation, or Service.

Driving privileges and a clean driving record are essential requirements for a job in Sales, Installation, or Service. State Motor Vehicle Records (MVRs) will be used to verify driver history and to assess suitability for employment in a position that requires extensive driving, either in a Company or personal vehicle. MVRs will be obtained and reviewed at least annually.

Motor Vehicle Records Check: I, _____ (*print name*), authorize Managed Air Systems or one of its agents to check my Motor Vehicle Records and to keep and preserve records of such inquiries.

Further, I authorize all relevant State Motor vehicle Departments to release my motor vehicle record to Managed Air Systems or its agent.

Additionally, I release Managed Air Systems and all other parties from liability for any damage that may result from, or is related to, the furnishing of information on me to Managed Air Systems.

Signature: _____ **Date:** _____

3. Consent to Drug/Alcohol Testing, Release of Results and Release

Drug/Alcohol Test: I, _____ (*print name*), do hereby consent to undergo a drug/alcohol test, as required by Managed Air Systems. And, if employed, I agree to participate in any periodic future drug/alcohol test required by the Company.

Further, I hereby authorize the testing institution to release the results of such tests to Managed Air Systems for its use.

Additionally, I release Managed Air Systems, the testing institution and/or its doctors and medical personnel from liability for any damage that may result from, or is related to, the furnishing of my test results to Managed Air Systems.

Signature: _____ **Date:** _____