

Employment Application

Please complete and save this document. Go to <u>www.airdesignhvac.com/apply</u> to submit the completed document. You may need <u>Adobe Acrobat Reader</u> to complete the form.

GENERAL INFORMATION				Today's Date			
First Name	Last Name						
E-mail							
Mailing Address							
Address Line 2							
City			Stat	e	Zip_		
Telephone() Area Code			Cell Phone	() Area Code			
Have you applied at Air Desig	n Systems	before?	Yes	No No			
AVAILABILITY							
Position Applying for							
Requested Rate of Pay	<u></u>		Date Available t	o Work			
Available to Work] Full Tim	e	Part Time	Temp	oorary		
EDUCATION							
High School				from		to	
Did you graduate?] Yes	🗌 No			(Year)		(Year)
Degree(s) Obtained							
College	, , , , , , , , , , , , , , , , , , , 			from		to	
Did you graduate?	Yes	🗌 No			(Year)		(Year)
Degree(s) Obtained							
Other Education				from		to	
Did you complete?] Yes	🗌 No			(Year)		(Year)
Degree(s) or Certification(s) (Obtained						

EMPLOYMENT HISTORY

Employer		From		
Supervisor			(Year)	(Year)
Telephone ()	E-mail			
Area Code Address				
City				
Position	Salary			
Describe Your Job Responsibilities				
Employer		From		
Supervisor			(Year)	(Year)
Telephone ()	E-mail			
Area Code Address				
City	State		Zip	
Position	Salary			
Describe Your Job Responsibilities				
Employer		From		
Supervisor			(Year)	(Year)
Telephone ()	E-mail			
Area Code Address				
City	State		Zip	
Position	Salary			
Describe Your Job Responsibilities				

JOB SKILLS

Driver's License Number State of	[:] Issue _		
Is your license currently valid?			
Endorsements			
Moving violations in the last three years?			
Driving Restrictions			
Do you have other skills, licenses, or certificates that are job-related?	No		
If so, please list them			
Have you been given a job description or had the requirements of the job explained to	o you?	Yes	No
Do you understand these requirements?			
Can you perform the requirements of this job with or without reasonable accommoda	ation?	Yes	No
SECURITY			
Have you lived in another state and/or county in the past seven years?	No		
If so, please list them			
Have you used another name or Social Security Number, other than those listed abov	e?	Yes	No
If so, please list all			
Have you been convicted of a felony and/or served time for a felony within the past 7	years?	Yes	No
If so, please list all			

REFERENCES		
First Name	Last Name	
Mailing Address		
Street Address		
Address Line 2		
City	State	Zip
Area Code	Cell Phone() Area Code	
First Name	Last Name	
Mailing Address		
Street Address		
Address Line 2		
City	State	Zip
Telephone ()	Cell Phone()	
	ship	
First Name	Last Name	
Mailing Address		
Street Address		
Address Line 2		
City	State	Zip
Telephone ()	Cell Phone () Area Code	
Years Known Relations		

COMMENTS

Comments _____

CERTIFICATION, RELEASE AND ADR

First I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited prior to and during employment. I agree to mediate in good faith any issue which arises concerning my hiring, my employment or termination from employment.

Digital Signature_	 	 	
Date	 	 	
Email			

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. If employment is offered, it is strictly on an "at will" basis, which means that you may resign at any time, or Air Design Systems may terminate your employment at any time for no reason, or for any reason not prohibited by law. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs on your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.