

APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY

CONTROLLED AIR, INC IS AN EQUAL OPPORTUNITY EMPLOYER. THIS MEANS THAT THE COMPANY CONSIDERS ALL APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, RELIGION, AGE, SEX, MARITAL STATUS, PREGNANCY, SEXUAL ORIENTATION, THE PRESENCE OF NON-JOB-RELATED MEDICAL CONDITION OR DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED CLASS.

Date _____

	PERSONA	AL INFORMATION	
NAME:			<u></u>
Last	First	Middle	Social Security No.
PRESENT ADDRESS:			
No. Street		City	State Zip Code
PHONE NUMBER: (H) ome	() Other/(Cell)	_
EMAIL:			
	EMPLOY	YMENT DESIRED	
JOB: Position(s) applied for:	Da	ate Available:	Salary Desired:
INTEREST: Regular/Full-ti	me Part-time	Temporary Summ	ner Other
ARE YOU CURRENTLY EM No	PLOYED? Yes No	If so, may we inquir	e of your present employer? Yes
Have you ever applied to work f	or Controlled Air before?	Yes No	

EMPLOYMENT INFORMATION

Are you physically and mentally able to perform the job applied for?	Yes	No
If no, is there any accommodation that would allow you to perform this job?	Yes	No

Can you work overtime?	Yes		No
Can you work overtime without prior notice?	Yes		No
Can you work on Saturday? Yes			No
Can you work on Sunday?	Yes	No	
Can you travel out of state if required by this position?	Yes	No	

DRIVER INFORMATION

Many positions at Controlled Air require employees to drive. If you are applying for a driver's position or a position which requires driving, please answer the following:

Do you have a valid driver's license? Yes____ No_____

If Yes - license no. _____ State____ Expiration date_____

Do you have a CDL? Yes____ No ____ If yes, Class A or B? _____

Has your license ever been revoked or suspended? Yes ____ No____

EDUCATIONAL HISTORY

	Elementary	High School	College	Trade School	Other
School Name					
Years Completed					
Diploma/Degree Received?					
Subjects Studied					

Describe specialized training, apprenticeship, skills or extra-curricular activities that relate to the position for which you are applying (omit any activities that would disclose your race, religion or other protected class):

EMPLOYMENT HISTORY

List below all of your employers for the past five years. Attach an additional sheet if necessary.

Name and Address of Employer	Salary	Position	Reason For Leaving
-			
-			
-			
-			
-			
-			
	Name and Address of Employer	Name and Address of Employer Salary Image: Select state st	Name and Address of Employer Salary Position Image: Solary Position Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary Image: Solary

Which of these jobs did you like best?

What did you like most about this job?_____

REFERENCES

Give names of three persons not related to you, whom you have known for at least one year, who can provide a reference:

Name	City & State	Telephone Number	Occupation	Years Known
State any additio	nal information you feel may be he	lpful to us in considering your applica	tion:	

APPLICANT'S STATEMENT

TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE PROVIDED.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I understand that any falsification or material omission of fact on this application shall lead to refusal of employment or dismissal from employment.

I authorize the Company to check the references provided, and further authorize the investigation of all matters contained in this application to verify its accuracy.

I understand that the Company follows an "EMPLOYMENT AT WILL" policy, in that, I or the Company, may terminate my employment at any time, with or without notice, for any reason consistent with applicable State or Federal law. I understand that all employment appointments are "introductory," during which "introductory period," I must demonstrate my fitness for continued employment. I further understand that successful completion of the introductory period does not guarantee continued employment.

I understand that, as part of the application process, the Company conducts thorough background checks (which may include a check of my criminal history) on prospective employees. I agree that, if contacted with respect to such background check, that I will fully cooperate and provide any information requested.

I understand that I am not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-760 or 54-142a. The applicant is not required to disclose the existence of criminal records that are subject to erasure pursuant to Connecticut General Statutes sections 46b-146, 54-760 and 54-142a which are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon, and The applicant is not required to disclose the existence of criminal records have been erased pursuant to Connecticut General Statutes sections 46b-146, 54-760 or 54-142a since the applicant shall be deemed to have never been arrested within the meaning of the general statutes with respect to these proceedings so erased and may so swear under oath.

As a condition of employment, I understand that information relative to the status of any driving duties, particularly insurability of an employee who drives as part of his/her job, is an important job function. In the event that I am called upon to drive as part of my job functions with the Company then as a condition of my employment, I hereby authorize my employer and its insurance agent to ask for and receive information relative to the status of my motor vehicle operator's license and motor vehicle history in every State in which I have held a motor vehicle operator's license.

This authorization is valid from the date of my signature below throughout the term of my employment in which driving a Company motor vehicle is an essential job function. I understand that if at any time (now or in the future) the Company cannot insure me due to my motor vehicle operator history, my employment may be terminated.

APPLICANT'S SIGNATURE

DATE

EMPLOYMENT INFORMATION AUTHORIZATION AND RELEASE

I, ______, hereby authorize my previous employers to release to Controlled Air, any and all employment and personnel information requested, including, but not limited to personnel records, payroll records and any other documents of any nature in your possession, custody or control. I hereby specifically release and hold harmless Controlled Air and any past, present and future employers, their employees and agents, from any and all claims or liability as a result of disclosing or revealing any record or information concerning my employment, in accordance with this authorization to Controlled Air.

APPLICANT'S SIGNATURE

DATE

SOCIAL SECURITY NUMBER

A photocopy of this authorization and release is as valid as the original.

Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status				
of applicants. This data is for analysis and possible affirmative action only.				
SUBMISSION OF INFORMATION IS VOLUNTARY				
Check one	[] Male	[] Female		
Check one of the following:				
[] White	[] Black	[] Hispanic	[] American Indian/Alaskan Native	
Asian/Pacific Islander				