

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-JOBRELATED MEDICAL CONDITION OR DISABILITY, VETERAN STATUS OR ANY OTHER LEGALLY PROTECTED CLASS.

					Date	
		PERSO	NAL INFORMA	TION		
NAME:						
La	ıst	First	1	Middle		Social Security No.
PRESENT ADDRESS	S:					
No.	Street		C	City	State	Zip Code
PHONE NUMBER:	() Home		()_ Other/(Cell)	-		
EMAIL:						
Are you under the age Are you requesting any		complete the a)	
			<u>DYMENT DESI</u>			
JOB: Position(s) ap	plied for:		Date Available:		Salary Desired:	
INTEREST: Regu	ılar/Full-time	Part-time	Temporary	_ Summer _	Other	
WERE YOU REFER Newspaper Advertisen Employment Agency Employee Other	nent	ewspaper			_	nlovar? Voc
ARE YOU CURREN	ILY EMPLOYEL	7: 1 es N	11 so, may	we inquire of	your present em	pioyer: res

Have you ever appl If yes, when?	lied to work for Co	ntrolled Air before? Were you hired?	Yes No Yes No	-		
		EMPLOYM	ENT INFORM	ATION		
Are you physically	and mentally able t	to perform the job app			Yes	No
		would allow you to p			Yes	No
Can you work over	time?				Yes	No
Can you work over	time without prior	notice?			Yes	No
<u>Can you work on S</u> Can you work on S					Yes Yes	No No
Can you travel out		by this position?		Yes	No	
		<u>DRIVER</u>	<u> INFORMATI</u>	<u>ON</u>		
		ire employees to drive		please answer the following	ng:	
Do you have a valid	d driver's license?	Yes No				
If Yes - license no State Expiration date						
Do you have a CDI	L? Yes No	If yes, Class A	A or B?			
Has your license ev	er been revoked or	suspended? Yes	No			
·			— IONAL HISTO	<u>DRY</u>		
	Elementary	High School	College	Trade School	Oth	er
School Name	j					
Years Completed						
Diploma/Degree Received?						
Subjects Studied						
		ceship, skills or extra- ld disclose your race, i		s that relate to the position of tected class):	for which you	are
	· · · · · · · · · · · · · · · · · · ·				1 1 1 1 1	

EMPLOYMENT HISTORY

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

Date	Name and Address of Employer	Salary	Position	Reason For Leaving		
Month and Year						
From						
То						
From						
То						
From						
То						
From						
То						
From						
То						
From						
То						
Which of these jobs	s did you like best?					
What did you like n	nost about this job?					
REFERENCES						
Give names of three	e persons not related to you, whom you have k	known for at least	t one year, who can p	provide a reference:		
Name	City & State	Telephone Number Occup		tion Years Known		
State any additional information you feel may be helpful to us in considering your application:						

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 INFORM	MATION AUTHORI	ZATION AND RELEASE	
I,	ncluding, but not limited or control. I hereby speci yees and agents, from any	fically release and hold harmless Co and all claims or liability as a result	ds and any other ontrolled Air and t of disclosing or
APPLICANT'S SIGNATURE		DATE	
SOCIAL SECURITY NUMBER			
A photocopy of this aut	horization and release is	as valid as the original.	
	Voluntary Survey		
Government agencies at times require periodic r			protected status
of applicants. This data is SUBMISSION (OF INFORMATION IS		
Check one [] Male	[] Female		
Check one of the following:			
[] White [] Black	[] Hispanic	[] American Indian/Alask	can Native
[] Asian/Pacific Islander			