

**Specialty Air, Inc.**  
**APPLICATION FOR EMPLOYMENT**

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

| PERSONAL INFORMATION  |                   |  |                   |  |
|---|-------------------|--|-------------------|--|
| <b>Last Name</b>  | <b>First Name</b> | <b>Middle Initial</b>  | <b>Home Phone</b> |  |
| <b>Present Street Address</b>   |                   | <b>City</b>  | <b>State</b>      | <b>Zip</b>   |
| <b>Social Security Number</b>   |                   | <b>Name &amp; phone number of person to be notified in case of emergency</b> |                   |  |
| <b>Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations?</b>                                |                   |  |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Do you have the legal right to work and be employed in the U.S.?</b><br><small>(Proof of identity and legal authority to work in the U.S. is a condition of employment.)</small> |                   |  |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Are you at least age 18?</b><br><small>(Proof of age and work permits may be required prior to hiring)</small>   |                   |  |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>Do you have a reliable means of transportation to and from work?</b>   |                   |  |                   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| EDUCATION  |                                   |                           |                        |                        |                            |
|--|-----------------------------------|---------------------------|------------------------|------------------------|----------------------------|
|  | <b>Name of School and Address</b> | <b>Graduated (Yes/No)</b> | <b>Number of Years</b> | <b>Course or Major</b> | <b>Grade Point Average</b> |
| Junior High  |                                   |                           |                        |                        |                            |
| High School  |                                   |                           |                        |                        |                            |
| College  |                                   |                           |                        |                        |                            |
| Other  |                                   |                           |                        |                        |                            |
| Extracurricular Activities (You may omit those which indicate your race, color, religion, sex, national origin, ancestry, age or existence of any disability)  |                                   |                           |                        |                        |                            |
| Have you ever worked for this Company before? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                   |                           |                        |                        |                            |
| <b>The Company is an equal opportunity employer. The Company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights laws.</b> |                                   |                           |                        |                        |                            |

## GENERAL INFORMATION

|   |  |
|---|--|
| Date available to start:  | Full-time or Part-time?  |
| Days and Hours:   | Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday |
| Available From:   | _____  |
| to Work To:   | _____  |
| What interested you in the Company?   |  |
| What are your hobbies, special interests and activities? (Please omit those indicating race, color, religion, sex, national origin, ancestry, age or existence of a disability)   |  |
| Have you ever been convicted of a crime other than a traffic violation?* <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>   |  |
| (NOTE: You should exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment; each case will be considered on its own merits.) |  |
| If Yes, please explain and state the charge, court, date of each conviction, and disposition of the case:   |  |
| _____<br>_____  |  |

## EMPLOYMENT/WORK EXPERIENCE

|  |                                 |
|--|---------------------------------|
| <b>Please list all your jobs during the past five years.</b> (If applicable, you may list work performed on a voluntary basis. If you need additional pages, please attach.) |                                 |
| <b>Company No. 1</b> (present or most recent employer): _____<br>Address: _____<br>Telephone Number: (____) ____ - _____   |                                 |
| Dates Employed (Month and Year): _____ to _____<br>Rate of Pay: \$_____ per hour   \$_____ annually  |                                 |
| Position(s) Held:  | Supervisor's Name and Position: |
| Describe all of your significant duties:   |                                 |
| May we contact this employer? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>   |                                 |
| Reason for leaving:  |                                 |

\* Note: Some states limit the types of crimes (e.g., felonies) for which information can be sought and the time frame during which employers can inquire about convictions.

**EMPLOYMENT/WORK EXPERIENCE (Continued)**

**Company No. 2** (second most recent employer): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dates Employed (Month and Year): \_\_\_\_\_ to \_\_\_\_\_  
Rate of Pay: \$\_\_\_\_\_ per hour \$\_\_\_\_\_ annually

Position(s) Held: \_\_\_\_\_ Supervisor's Name and Position: \_\_\_\_\_

Describe all of your significant duties:

May we contact this employer? **Yes**  **No**

Reason for leaving:

**Company No. 3** (third most recent employer): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Dates Employed (Month and Year): \_\_\_\_\_ to \_\_\_\_\_  
Rate of Pay: \$\_\_\_\_\_ per hour \$\_\_\_\_\_ annually

Position(s) Held: \_\_\_\_\_ Supervisor's Name and Position: \_\_\_\_\_

Describe all of your significant duties:

May we contact this employer? **Yes**  **No**

Reason for leaving:

**Please identify and explain all periods of unemployment during the last five years:**

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Unemployment: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Unemployment: \_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATIONS AND AUTHORIZATIONS:

By signing this application, you agree and certify:

### **A. INFORMATION PROVIDED:**

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and I agree that *Specialty Air, Inc.* (the "Company") may check any of the statements unless I have indicated so to the contrary.

I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company with any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives.

I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

### **B. REFERENCES, BACKGROUND CHECK, DRUG TEST:**

I also understand that all offers of employment may be conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. Offers of employment may also be conditioned on the satisfactory completion of a post-offer background check and drug test.

### **C. RULES AND STANDARDS OF COMPANY:**

If employed, in consideration of my employment, I agree to conform to the rules and standards of the Company.

I further agree to comply with all safety policies and procedures required by the Company. I acknowledge this includes (a) reporting all injuries, regardless of their severity, directly to a proper representative of the Company, and (b) using proper lifting techniques, and immediately reporting all safety hazards to the Company after discovery.

### **D. AT-WILL EMPLOYMENT:**

I further agree that if hired, my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company.

I understand that no employee or representative of the Company, other than its president, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the president of the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the president and I both sign a written agreement that clearly and expressly specifies the intent to do so.

I agree this application shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral, written or collateral agreements regarding this issue.

### **E. Arbitration:**

**I further agree that any controversy, dispute or claim whatsoever that I might have with the Company, including but not limited to claims that arise out of or related to this application, shall be settled by binding arbitration before the American Arbitration Association ("AAA") pursuant to the Employment Rules, policies and procedures of AAA.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Specialty Air, Inc. is an equal opportunity employer.**