

AIR SOLUTIONS & BALANCING, LLC

Employment Application



Application Number

To be assigned by Human Resources

We are an equal opportunity employer. We do not discriminate in hiring, promotion, or other employment decisions on the basis of race, sex, color, pregnancy, religion, national origin, ancestry, sexual orientation, marital status, mental or physical disability, age, veteran or military status, genetics or any other basis protected by law. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

APPLICANT GENERAL INFORMATION

Last Name			First Name			M.I.		Date		
Street Address						Apartment/Unit #				
City			State			ZIP				
Phone No.			E-mail Address							
Date Available			Desired Salary							
Position Applied for										
Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, are you authorized to work in the U.S.?					YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony that has not been annulled by a court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain (Conviction information will not necessarily bar an applicant from employment)							

DRIVER'S LICENSE INFORMATION

Do you have a current, valid driver's license (for driving-related positions)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain		
Driver's License # _____ State of issue _____					
_____ Operator _____ Commercial (CDL)					
Expiration Date _____					
Have you had any accidents in the past three years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many?		
Have you had any moving violations in the past three years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many?		

EDUCATION					
High School		Address			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
College		Address			
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Certification(s)?					
Completed OSHA 10 or 30	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Date		
MILITARY SERVICE					
Have you ever been in the armed forces?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you now a member of the National Guard?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Specialty	Date Entered		Discharge Date		
PLEASE LIST ANY ADDITIONAL EDUCATION, CERTIFICATIONS, SKILLS, EXPERIENCE OR TRAINING WHICH YOU FEEL MAKE YOU SUITABLE FOR THIS POSITION					
PREVIOUS EMPLOYMENT					
Company			Phone		
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been involuntarily terminated from a position of employment? (This question does not apply to a layoff or reduction in force for economic reasons)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain
TELL US WHY YOU THINK YOU WOULD DO WELL IN THIS POSITION			
PROFESSIONAL REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

DISCLAIMER AND SIGNATURE

I certify that the information given herein is true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of the information provided herein, and other matters related to thereto, as may be necessary. I hereby release employers, schools and other persons, institutions, or businesses from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or during interviews may result in a refusal to hire, or discharge, in the event of employment. I hereby release Air Solutions & Balancing, LLC and its agents from all liability from damages arising from this research of my background.

I understand that if hired, my employment is at will. I also understand that if hired my employment is for no definite period of time. I may terminate my employment at any time and I may be discharged at any time without notice. I further understand and agree that nothing in this application shall constitute a contract of employment or guarantee of employment.

I also understand that any policies or procedures implemented by Air Solutions & Balancing, LLC in the event of my employment are for purposes of operations only and are not intended to be, nor constitute a contract for my employment. In addition, I understand that any of these policies or procedures may be changed at any time at the employer's discretion and without notice.

I further understand that if I am offered employment, I understand that the offer may be contingent upon the successful results of a pre-employment physical and drug test, references and criminal background check.

SIGNATURE

DATE

Download Website