



Employment Application

POSITION APPLIED FOR _____

Thank you for your interest in Air-Vac Systems, Inc. as an employer. Please fill out the information in entirety and return promptly to the hiring manager.

GENERAL INFORMATION		
Name (last, first, middle initial)		Social Security No.
Street Address		City, State, Zip
Home Phone No.		Work or Cell Phone No.
Are you authorized to work in the United States? Proof of Authorization will be required post hire. Yes No		
TRAINING AND EDUCATION		
CIRCLE HIGHEST GRADE COMPLETED: 8 9 10 11 12 GED		
Colleges/other training	Major/subject	Degree/certificates
ADDITIONAL SKILLS Describe skills relevant to the job for which you are applying		
SKILL	TYPE OF EXPERIENCE	LEVEL OF EXPERTISE
Office equipment, computers, software (typing speed, programs, etc.)		
Technical skills, professional licenses		
Heavy equipment, machinery		
Other		
Can you perform the essential functions of the job with or without reasonable accommodation? Yes No		
BACKGROUND INFORMATION		
Do you have a valid California Driver's License? Yes No Other State Lic# _____		
Have you been convicted, pleaded to no contention or paid a fine for any traffic violations in the past three (3) years? Yes No If yes please explain:		
Have you been convicted of a felony or served time in prison within the last ten (10) years? Yes or No Conviction will not necessarily bar you from employment. If yes, please explain:		
How/where did you hear about the position for which you are applying? (Check one)		
_____ Friend or relative _____ Employee _____ Employment Office		
_____ Other please specify _____		

EMPLOYMENT HISTORY

Beginning with your present or most recent employment, list your employment history. Include self-employment, military service, volunteer experience and periods of unemployment. The following sections **MUST** be completed even if a resume is submitted.

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			

Employer		Employed from:	To:
Address:		Supervisor	
Phone	Hours worked/week	Starting salary	
Position		Last salary	
Primary duties			
Number of employees supervised by you	May we contact this employer		Supervisor's phone
Reason for leaving			

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Primary duties			
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Reason for leaving			

PROFESSIONAL REFERENCES

Please list below any people in addition to supervisors listed above who can responsibly evaluate your work performance

Name	Place of employment/title	Phone



California Contractors License 654043

It is understood and agreed that the foregoing is true to the best of my knowledge, and that my falsification of this application will be grounds for elimination from further consideration or, if employed by Air Vac Systems, Inc., for dismissal. I authorize the Air Vac Systems, Inc. to solicit information regarding my character, general reputation, credit, previous employment, and similar background information, and to contact any and all references I have given on my application. I release all parties and persons connected with any such request for information from all claims, liabilities, and damages that may arise out of the furnishing of such information. If employed, I release Air Vac Systems, Inc. from any liability for future references it may provide regarding my work history at the firm.

We are a drug free workplace. This means we require a pre-employment drug screening and on-going drug testing at random. Your signature below is confirmation that you understand and agree to the terms of Air Vac Systems, Inc drug free workplace.

I understand that employment with the Employer is "at-will", which means that either Air Vac Systems, Inc. or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Employer, other than Air Vac Systems, Inc. Manager has any authority to alter the foregoing.

Applicant's signature _____

Date _____