

AireSmith, Inc. Employment Application

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State Laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

PLEASE TYPE OR PRINT IN INK.

Today's Date: _____ 20__

Name _____ Social Security # _____

Address _____ How Long _____

City _____ State/Zip _____

Day Telephone # _____ Home Telephone # _____

Previous Address _____ How Long _____

Position for which you are applying _____

Check the following options you would consider _____ FT _____ PT _____ TEMP

If part time, specify hours or days _____

What is your minimum salary requirement? _____ Date available for work _____

Do you have any commitments to another employer that might affect your employment with us? _____

EDUCATION AND TRAINING

	Print School Name, City and State	Degree/Major/Course of Study
High School		
College		
Graduate School		
Trade School		

List any other education, training, special skills or certificates/licenses that you possess related to the job: _____

List any machines or equipment on which you are qualified and experienced in operation: _____

Do you have a valid driver's license in this state? _____ Yes _____ No

Military Experience? _____ Yes _____ No If yes, what branch? _____

Rank at separation _____

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GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work permanently in the US? _____ Yes or No

Are you 16 years old or over? _____ Yes or No If under 18, state age _____

Did AireSmith, Inc. previously employ you? _____ Yes or No If yes, dates: _____

Have you ever been convicted of a felony, or pleaded no contest to a felony, or been convicted of a misdemeanor resulting in imprisonment or a fine over \$500.00 during the last 10 years? (Criminal convictions are not an automatic bar to employment but will only be considered in relation to specific job requirements.) _____ Yes or No

If yes, explain _____

Can you perform the essential functions of the job? _____ Yes _____ No

Do you require any accommodation to perform the essential functions of the job? _____ Yes _____ No

If yes, explain _____

Employment History

List all work experience beginning with the present or most recent job (use back of application if necessary).

Name of Employer: _____ Type of Business _____

Address _____ City/State/Zip _____

Dates of Employment, From _____ To: _____

Name and Title of Supervisor _____

Telephone Number _____ May we contact _____ Yes or No

Brief description of duties _____

Reason for leaving _____ Last salary _____

Name of Employer: _____ Type of Business _____

Address _____ City/State/Zip _____

Dates of Employment, From _____ To: _____

Name and Title of Supervisor _____

Telephone Number _____ May we contact _____ Yes or No

Brief description of duties _____

Reason for leaving _____ Last salary _____

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Name of Employer: _____ Type of Business _____

Address _____ City/State/Zip _____

Dates of Employment, From _____ To: _____

Name and Title of Supervisor _____

Telephone Number _____ May we contact _____ Yes or No

Brief description of duties _____

Reason for leaving _____ Last salary _____

REFERENCES

Name and Address	Occupation	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Person to be notified in case of emergency:

Name: _____ Telephone Number: _____

Address: _____

AGREEMENT (please read the following statement carefully).

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give AireSmith, Inc. any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and AireSmith, from liability for any damage that may result from furnishing same to AireSmith.

I understand that AireSmith, Inc. will provide workers' compensation insurance coverage for its employees. In the event of any injury in the workplace, I agree that my sole remedy lies in coverage under AireSmith's workers' compensation insurance policy.

If employed by AireSmith, Inc., I agree to conform to the rules and regulations. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of either AireSmith or myself.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to AireSmith, Inc. for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature: _____ Date: _____

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PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment, including contact for services with AireSmith, Inc., I understand that investigative background inquiries are to be made on myself, including consumer credit report, criminal convictions check (misdemeanor and felony), educational verification, motor vehicle (driving records), and workmans' compensation claims. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that information may be requested from various Federal and State agencies as well as private companies which maintain records concerning my past activities relating to my driving, credit, criminal/civil background, and other experiences, as well as claims involving me in the files of insurance companies. I hereby authorize without reservation, the contact of these companies and/or agencies to furnish the herein-mentioned information, current or previous, by AireSmith, Inc. or any investigation agency used by AireSmith, Inc., to include Navicus. I hereby agree not to file any type of lawsuit arising from the information obtained from this background search. I hereby release AireSmith, Inc., any investigation agency used by AireSmith, Inc., including Navicus, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Print Name: _____

Social Security: _____ Driver's License/State: _____

Current Address: _____

City/State/ZIP: _____ Date of Birth: _____

Applicant's
Signature: _____ Date: _____

Employer's
Representative
Print Name: _____ Date: _____

Employer's
Representative
Signature: _____ Title: _____

Phone #: _____ Fax #: _____

E-mail Address: jsmith@airesmith.com

BACKGROUND CHECK
STATE CRIMINAL DATEBASE

TEXAS ONLY

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Aire Smith (the "Company") intends to obtain information about you for employment purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) or any credit report information will be Pinkerton Consulting and Investigations, 11019 McCormick Road, Suite 120, Hunt Valley, MD, 800-635-1649. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

BACKGROUND INFORMATION

Name: (First) (Middle) (Last) (Maiden)

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Social Security Number (9 boxes) **Date of Birth: (00/00/0000)** (8 boxes)

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Drivers' License Number: (16 boxes) **(State)** (2 boxes)

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Current Address: (Street) (City) (State/Zip)

Recent Employment: (Employer Name) (City) (State)

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(Contact Name) (Contact Phone Number)

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(Title) (Salary) (Start Date 00/00) (End Date)

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Is this your current employer? Yes No If so, may we contact them? Yes No

Education: (Institution/ School Name)

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(City) (State) (Graduation Date)

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(Highest Degree Obtained) (Major)

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Professional License: (Type/Number) (State) Year

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Account: Aire Smith

For Internal Use Only:

Social Security Verification	<input type="checkbox"/>	Education Verification	<input type="checkbox"/>
National Criminal Database	<input type="checkbox"/>	Motor Vehicle Record Search	<input type="checkbox"/>
State Criminal Database	<input type="checkbox"/>	Workers Compensation	<input type="checkbox"/>
Federal Search	<input type="checkbox"/>	Employment Credit	<input type="checkbox"/>
County Criminal	<input type="checkbox"/>		<input type="checkbox"/>

*Pass thru fees may apply and vary by state.