



## Employment Application

Personal Information		
Last Name:	First name:	Middle:
Street Address:		Apt./Unit #:
City:	State:	Zip Code:
How long have you lived here?	Social Security Number:	Date of Birth:
Phone Number:	E-mail Address:	

Employment Information	
Date of Availability:	Desired Salary:
Position Applying for:	
Are you a Citizen of The United States?     Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, are you authorized to                     Yes <input type="checkbox"/> Work in the U.S?     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                  Yes <input type="checkbox"/> of a felony?     No <input type="checkbox"/>	If so, please explain:

Education	
High School:	Address:
Years Completed:     Did You Graduate?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
College:	Address:
Years Completed:     Did you graduate?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:
Other:	Address:
Years Completed:     Did you graduate?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree:

Employment History			
Company Name:		Phone Number:	
Address:		Name of Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
Start Date:	End Date:	Reason for leaving:	
May we contact your previous employer for reference?			
Company Name:		Phone Number:	
Address:		Name of Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
Start Date:	End Date:	Reason for leaving:	
May we contact your previous employer for reference?			
Company Name:		Phone Number:	
Address:		Name of Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
Start Date:	End Date:	Reason for leaving:	
May we contact your previous employer for reference?			

References	
Full Name:	Relationship:
Company:	Phone Number:
Address:	
Full Name:	Relationship:
Company:	Phone Number:
Address:	
Full Name:	Relationship:
Company:	Phone Number:
Address:	

***\*Please list three professional references***

### Employment Questionnaire

Did you complete this application yourself?	If not, who did?
Do you have any friends or relatives employed by this company?	If so, provide full name and relation:
If hired, will you have a reliable means of transportation to and from work?	
Are you able to perform the essential functions and duties for the job you are applying for?	
If not, describe the functions or duties you are unable to perform:	
Were you referred by anyone? If so, who and what is their relation to you?	
Have you ever filed a claim in any way, against another company?	

### Military Service

Branch:	Start Date of service:	End Date of Service:
Rank at Discharge:	Type of Discharge:	
If other than Honorable, please explain:		

### Disclaimer and Signature

I certify that all my answers are accurate and completed to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result to my dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Emergency Contact Form

**Employee Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### Instructions

In an event of an emergency, are there any emergency procedures or medical procedures of which emergency personnel should be aware of? If so, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts

Primary Contact in case of emergency	
Full Name:	Phone Number:
Relationship:	Alternate Phone Number:
Address:	

Secondary Contact in case of emergency	
Full Name:	Phone Number:
Relationship:	Alternate Phone Number:
Address:	

## **Physician Contact**

Doctors Name:	Phone Number:
Address:	

### **Employee Authorization**

I have voluntarily provided the above contact information and authorize Air Clean Environmental and its representatives to contact any of the individuals on my behalf in an event of an emergency.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_