

AIR SYNERGY

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job related medical condition or handicap, or any other legally protected status.

PLEASE PRINT

Date of Application _____

Position(s) Applied For: _____

Referral Source: () Advertisement () Friend () Relative () Walk-in () Employment Agency

() Other _____

Name _____

Last

First

Middle

Address _____

Number

Street

City

State

Zip Code

Telephone (____) _____

Area Code

If employed and you are under 18, can you furnish a work permit? () Yes () No

Have you ever filed an application with this company? () Yes () No If yes, give date _____

Have you ever been employed by this company? () Yes () No If yes, give date _____

Are you employed now? () Yes () No May we contact your present employer? () Yes () No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? () Yes () No (Proof of citizenship or immigration status will be required upon employment)

On what date are you available for work? _____

Are you available for work () Full Time () Part Time () Shift Work () Temporary

Are you on a layoff and subject to recall? () Yes () No

Can you travel if the job requires it? () Yes () No

Do you have your own transportation? () Yes () No