

# AIR CARE SERVICES, INC.

## Employment Application

### APPLICANT INFORMATION

|   |                              |                             |  |                              |                             |  |                  |      |  |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|--|------------------|------|--|
| Last Name                                 |                              |                             |  | First                        |                             |  | M.I.             | Date |  |
| Street Address                            |                              |                             |  |                              |                             |  | Apartment/Unit # |      |  |
| City                                      |                              |                             |  | State                        |                             |  | ZIP              |      |  |
| Phone                                     |                              |                             |  | E-mail Address               |                             |  |                  |      |  |
| Date Available                            |                              |                             |  | Social Security No.          |                             |  | Desired Salary   |      |  |
| Position Applied for                      |                              |                             |  |                              |                             |  |                  |      |  |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, 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? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                |                              |                             |  |                  |      |  |

### EDUCATION

|             |  |    |  |                   |                              |                             |        |  |  |
|-------------|--|----|--|-------------------|------------------------------|-----------------------------|--------|--|--|
| High School |  |    |  | Address           |                              |                             |        |  |  |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |
| College     |  |    |  | Address           |                              |                             |        |  |  |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |
| Other       |  |    |  | Address           |                              |                             |        |  |  |
| From        |  | To |  | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |  |  |

### REFERENCES

*Please list three professional references.*

|           |  |  |  |              |  |  |  |  |  |
|-----------|--|--|--|--------------|--|--|--|--|--|
| Full Name |  |  |  | Relationship |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |
| Address   |  |  |  |              |  |  |  |  |  |

| 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"/> |                 |                    |                  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete 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 in my release. |      |
| Signature   | Date |