

# APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

(Valid for only 90 days)

The Company reviews applications and employs persons without regard to race, creed, color, gender, religion, age, national origin, physical or mental disability, marital status, veterans' status, citizenship status or any other category protected by local, state or federal law. In addition, the company makes reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the Company or threaten the health or safety of others at work. If you need assistance in completing this application let us know and we will provide assistance. The receipt of this application does not mean that job openings exist at our Company and does not obligate the Company in any way. We appreciate your interest in our Company

Please answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

Last Name (Please Print) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Date \_\_\_\_\_

Present Address: Street \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_  
Number \_\_\_\_\_

Do you have the legal right to work in this country?  Yes  No

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No If Yes, give dates and explain. (attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

Are you over 18 years of age?  Yes  No Position applying for: \_\_\_\_\_

## EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School	No. of Yrs. Completed	Degree	Major Course of Study
High School				
—				
College				
Other				

Other skills: List other job-related skills or qualifications that support your application. \_\_\_\_\_

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Honors Received: \_\_\_\_\_

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?  Yes  No If Yes, identify names and relevant dates: \_\_\_\_\_

Have you had prior educational experience which relates to the job for which you are applying?  Yes  No

If Yes, describe: \_\_\_\_\_

Are you a veteran of the U.S. Military Service?  Yes  No If Yes, what branch of Service? \_\_\_\_\_

If Yes, beginning date and ending date of active duty: From: \_\_\_\_\_ To: \_\_\_\_\_  
Yr./Mo. Yr./Mo.

Date of Discharge from Military Service: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:**

**ALL FORMER JOBS** (List most recent job first.) Account for all time periods including **unemployment, self-employment and military service.** (Attach separate paper(s), if necessary.)

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
Reason for Leaving		

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Work Performed		
Reason for Leaving		

Have you ever been dismissed or forced to resign from any employment?  Yes  No If Yes, please explain.

\_\_\_\_\_

Are you now employed?  Yes  No Are you on a layoff?  Yes  No Are you subject to recall?  Yes  No

May we contact your present employer?  Yes  No Previous Employers?  Yes  No

Please identify any exceptions and reasons for not contacting prior employers: \_\_\_\_\_

\_\_\_\_\_

Are there any hours, shifts or days you will not or cannot work?  Yes  No If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you have transportation to work?  Yes  No Will you work overtime if asked?  Yes  No

Do you have any friends or relatives who work here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name _____	Relationship _____
Name _____	Relationship _____

\_\_\_\_\_

### CHARACTER REFERENCES

List three persons **not related to you**, whom you have known at least one year:

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List below any other information or remarks that you wish to have considered as a part of your application for employment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you filed an application here before?  Yes  No If Yes, give date: \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give dates: \_\_\_\_\_

\_\_\_\_\_

**NOTICE TO APPLICANTS:** This employer complies with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

## APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or Employer policies, conformity to our work rules, job performance, etc. And of course, employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing)) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature \_\_\_\_\_  
Date \_\_\_\_\_

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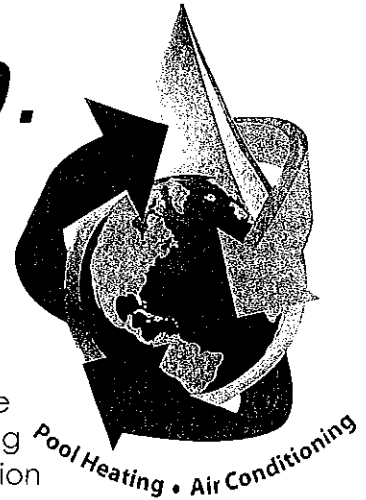
This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

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# Symbiont Service Corp.

**Go Green • Go GeoThermal**

*“One Company, One Call, Complete Comfort!”*



## AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

In connection with my application for employment, I understand investigative inquiries on my background, in accordance with the Fair Credit and Reporting Act and all state and federal laws are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of employment.

I understand that Symbiont Service Corp. and/or other investigative agencies may make inquiries, including but not limited to my consumer credit history, education, professional licensing, and criminal history and driving history. Furthermore, I understand that Symbiont Service Corp. and/or other investigative agencies may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences, as well as claims involving me in the files of insurance companies.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by Symbiont Service Corp. from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I authorize, without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institution and private information bureaus or repositories) contacted by Symbiont Service Corp. and/or other investigative agencies to furnish any or all of the above-mentioned information. In addition, I hereby release Symbiont Service Corp. and/or other investigative agencies from any and all liability for damages arising from all companies, agencies, officials, officers, employees and other persons who, in good faith, provide Symbiont Service Corp. and/or other investigative agencies, the above-referenced information as requested in order to successfully complete a background investigation for my application for employment.

A fax copy of this form will be considered as valid as the original.

APPLICANT FULL NAME (Printed): \_\_\_\_\_ SS#: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_