

Join The Air Of Houston Services Winning Team!

We are always looking for the best talent around. People who are honest, hard working and dedicated to doing the job right the first time. If that's you, please fill out the following application for employment as completely and as accurately as possible.



Applicants will be drug tested and background checked as per our employee hiring policy.

Personal Information

Your Name: _____

Daytime Phone Number: _____

Email Address (optional): _____

Present Address: _____

Permanent Address: _____

Social Security Number: _____

Referred By: _____

Desired Position

Title of Position: _____

Desired Salary/Wage: _____

Date You Can Start: _____

Are You Currently Employed? _____

Can We Contact Your Current Employer, If Applicable? _____

Have You Ever Applied To Air Of Houston If So, When? _____

Educational Background

	School Name & Location	Dates	Graduated?	Subjects Taken
High School				
College				
Business or Trade School				

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Special Interests

U.S. Military or Naval Service: _____

Special Skills and/or Training: _____

Special Study or Hobbies: _____

Employment History

	Date Month & Year	Name of Employer	Ending Salary	Position Held	Reason For Leaving
From					
To		Employer Address			
From					
To		Employer Address			
From					
To		Employer Address			

References

Give below the names of three persons not related to you, whom you have known at least 1 year.

Name	Phone No.	Type of Business	Years Known
Address			
Address			
Address			

Background Verification Disclosure

As part of the employment process Air Of Houston Services may obtain a consumer report and/or Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996, requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics or mode of living.

Background Verification Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize Air Of Houston Services to procure a Consumer Report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; the the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and

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release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purposes.

Your Full Legal Name			
	Sex	Male	Female
List other names you have used in the past			
Current Driver's License Number			State
Other Driver's License Number			State

Other Authorizations

"I certify that the information I have provided in this application is true and complete to the best of my knowledge and I understand that one or more falsified statements within this application is grounds for dismissal.

I authorize investigation of all statements contained herein and, the references and employers listed within to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release the company from all liability for any damage that may result from use of said information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medically-related information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."

Entering your full name in the following signature box signifies that you agree to these conditions and that the information you have submitted is true and complete to the best of your knowledge.

Your Signature:	
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<p>Additional Comments: Enter any information you would like passed on with this employment application.</p>	
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FAX FORM TO 281-528-9624