

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender, medical condition, genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists.

- PLEASE TYPE OR PRINT IN INK					
First Name	MI	Last Name		Today's Date	
Current Mailing Address				How long at current address?	
City			County	State	ZIP Code
Daytime Telephone Home Telephone		phone	Date available for work	What is your minimum salary requirement?	
()	()				
Position for which you are applying			What other positions would you	like to be considered f	or?
Check the following options you would consider			If part-time, specify hours and days available		
Full-Time Part-Time Temporary					

GENERAL INFORMATION

Are you subject to any type of agreement with a current or former employer or entity that would restrict confidentiality, non-disclosure)? Yes No If yes, please explain	ict your ability to work at Attic Breeze (e.g. non-compete,
Can you, after employment, submit verification of your legal right to work in the United States?	□ Yes □ No
Can you perform the essential functions of the job?	□ Yes □ No
Are you at least 17 years of age or older? □Yes □No	

EDUCATION & TRAINING

	SCHOOL NAME	CI	TY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STU	DY	degre RECEIVE	
High School						Yes	No
GED						Yes	No
Colleges [∗]						Yes	No
Graduate School						Yes	No
Trade School						Yes	No
List any machines, equipment or software programs on which you are qualified and experienced in operating.							
List any languages that you speak fluently List any languages that you read/write fluently			es that you read/write fluently				
Do you have a valid driver's license in this state? Y				Yes	No		



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EMPLOYMENT HISTORY (List all work experience beginning with the present or most recent job. Use back of application, if necessary).

Name of Employer	Type of Business		
Address	City	State	ZIP Code
Title		Telephone Nur	nber
Name and Title of Supervisor		Type of Employ	
May We Contact? Employed From (month/year) En Yes No	nployed To (month/year)	Last Salary \$	
Brief Description of Duties		Reason for Lea	ving
Name of Employer		Type of Busine	SS
Address	City	State	ZIP Code
Title		Telephone Nur	nber
Name and Title of Supervisor		Type of Employ	
May We Contact? Employed From (month/year) En Yes No	nployed To (month/year)	Last Salary \$	
Brief Description of Duties		Reason for Lea	ving
Name of Employer		Type of Busine	SS
Address	City	State	ZIP Code
Title		Telephone Nur	nber
Name and Title of Supervisor		Type of Employ	yment Full-Time
May We Contact? Employed From (month/year) En Yes No	nployed To (month/year)	Last Salary \$	
Brief Description of Duties		Reason for Leaving	



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CRIMINAL RECORD INFORMATION (Instructions for answering the next two questions below):

All **Applicants.** Do not include convictions that were sealed, eradicated, erased, annulled by a court, expunged, pardoned, or deferred and withdrawn.

1.	Convictions/Pleas. In the past ten (10) years, have you ever been convicted of, or pled guilty or no contest to, any criminal offense other than any applicable exceptions listed above?	□ Yes	□No			
2.	Pending Charges. Have you been arrested for any matters for which you are now out on bail or on your own recognizance pending trial?	□Yes	□No			
CR	IMINAL RECORDS:					
lf y cire	If you answered Yes to either of the above two questions, please provide the date(s) and describe that criminal record so the individual circumstances can be considered. <i>Criminal convictions or arrests will not automatically disqualify an applicant from employment.</i>					

Additional Information

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years. Please do not use Relatives).

Name	Occupation/Association	Telephone
1.		()
2.		()
3.		()



America's Leader in Solar Powered Ventilation

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Please Read the Following Statement Carefully:

I authorize all persons listed above (and on the accompanying resume, if any) to give Attic Breeze any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Attic Breeze, from liability for any damage that may result from furnishing same to Attic Breeze.

At-Will Employment. If employed by Attic Breeze, I agree to abide by the policies and procedures of Attic Breeze. I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I also understand that this means I am free to quit my employment at any time, for any reason without notice. I understand that no representative of the company, other than the president, has authority to change the terms of the at-will relationship and that any such change can occur only in a written employment contract.

I understand that Attic Breeze may obtain a consumer and/or investigative consumer report for employment purposes that may include information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Attic Breeze as part of the pre-employment background investigation and if hired, at any time during my employment. ______ Initials

I understand and agree that, subject to applicable law, I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to Attic Breeze. I understand that any positive drug or alcohol result may preclude my employment. Initials

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsification or significant omission of information requested in this application or in the application process may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

SIGN AND DATE THE FORM

Applicant's Signature	Print Full Name
	Date Signed (mm/dd/yyyy)