

Bob Woodall Companies

Employment Application

This Employment Application Will Remain Active for Six (6) months from Date of Completion

Background Information

Name: _____ Social Security #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Alternate Phone: _____

Date Available to Start: _____ Please Check: Full-Time Part-Time Temporary

What schedules are you available? Weekdays Weekends Evenings Overtime Nights

Desired Pay Rate: \$ _____ Position(s) Applied For: _____

How did you learn about Bob Woodall Air Care Systems? _____

Have you ever worked for Bob Woodall Air Care Systems before? Yes No If Yes, Dates _____

Have you ever applied for work with Bob Woodall Air Care Systems before? Yes No If Yes, Dates _____

Do any of your friends or relatives work here? Yes No If Yes, name and relationship _____

Additional Screening Information

Can you provide proof of your right to work in the US? Yes No

Are you willing to work overtime? Yes No Do you have Reliable Transportation? Yes No

Have you been convicted of, or plead guilty to any crime within the last ten (10) years? Yes No

(Subject to applicable law, a conviction may not necessarily disqualify you from employment.)

If yes, please list **ALL** convictions: _____

Are you at least eighteen (18) years of age? Yes No

Do you speak or write any foreign language? Yes No

If yes, please explain: _____

Education and Training Summary

High School: _____ City & State: _____

Diploma? Yes No G. E. D. If no diploma, highest grade completed: _____

College: _____ City & State: _____

Graduated? Yes No Degree: _____

Other: _____ City & State: _____

Graduated? Yes No Degree: _____

Please list any certifications or licenses received: _____

Work History

(Please list most recent position first)

1. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____

Job Title: _____ If No Longer Employed, Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehire? Yes No If No, Why? _____

If Still Employed, May We Contact Your Current Supervisor for a Reference? Yes No

2. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehire? Yes No If No, Why? _____

3. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehire? Yes No If No, Why? _____

4. Dates From/To: _____ Employer: _____ City/State: _____

Supervisor Name: _____ Phone #: _____

Job Title: _____ Reason for Leaving: _____

Duties/Responsibilities: _____

Are You Eligible For Rehire? Yes No If No, Why? _____

Please List Three Professional References of Past or Current Supervisors

Full Name _____ Title _____
 Company _____ Phone _____

Full Name _____ Title _____
 Company _____ Phone _____

Full Name _____ Title _____
 Company _____ Phone _____

Please List Two Character References That are Not Relatives

Full Name _____ Occupation _____ Phone _____

Full Name _____ Occupation _____ Phone _____

Equal Opportunity Statement

Bob Woodall Air Care Systems provides equal employment opportunities to all employees and applicants without regard to race, color, creed, religion, sex, genetics, national origin, age, citizenship, disability, marital status, veteran status or any other protected status. This policy governs all areas of employment at Bob Woodall Air Care Systems, including recruiting, hiring, training, assignments, promotions, compensation, benefits, discipline and terminations.

Confidentiality Agreement and Employment-At-Will

I understand that if I am employed by Bob Woodall Air Care Systems for any duration, that such employment is of an AT WILL nature, meaning that I can end my employment relationship with Bob Woodall Air Care Systems at any time, for any reason or no reason at all, and that Bob Woodall Air Care Systems may terminate my employment at any time, with or without cause, for any reason not prohibited by law, or for no reason at all, with or without prior notice. I also understand and acknowledge that completion of this application for employment does not guarantee me a personal interview, an offer of employment, or consideration for current or future openings, and that no commitments are made or implied regarding employment, and that this document, or eventual future employment, does not create or otherwise imply a contract of employment, either express or implied, between Bob Woodall Air Care Systems and myself.

Furthermore, In the event I am hired by Bob Woodall Air Care Systems, I will not disclose, use or take, directly or indirectly, either during or after my employment, any property of Bob Woodall Air Care Systems or confidential or proprietary information concerning Bob Woodall Air Care Systems' clients, vendors, employees and / or its business. I also agree to deliver promptly to Bob Woodall Air Care Systems, on request or on the date of termination of my employment, all documents, copies thereof, and other materials relating to any confidential or proprietary information that is the property of Bob Woodall Air Care Systems. Additionally, I agree to return all equipment, tools, instruments, identification badges/documents, materials, outstanding cash advances, wages paid in error, credit cards, keys, software, hardware, or any other items furnished to me by Bob Woodall Air Care Systems. I hereby agree that if I do not return said items and/or cash, I authorize Bob Woodall Air Care Systems, or its agent, to deduct the value of such items from my paycheck. All deductions will be done in accordance with the law.

By signature below, you certify that all the information provided by you on this application and any other documents which you have completed are accurate and truthful. If you are subsequently hired, any misrepresentation or omission of any facts on this application will be grounds for immediate discharge.

Acknowledgement and Agreement:

Applicants Signature

Date

NOTICE REGARDING USE OF BACKGROUND CHECKS

I understand that, as part of its employment process, Bob Woodall Air Care Systems, Bob Woodall Commercial Division, and any of its divisions, affiliates, subsidiaries, and/or partners (herein "Bob Woodall's" or the "Company") may obtain from third parties a consumer credit report (including criminal history, credit information, motor vehicle records, and work references) on applicants for employment and active employees for use in making employment decisions including considerations of hiring, promotion, retention, and other considerations allowed by law.

As part of Bob Woodall's use of background checks, the Company may request information from a third party regarding your consumer information (including credit information) regarding your creditworthiness, criminal history, motor vehicle/driving records, standing or capacity, character, general reputation, and personal characteristics. Such a report may include the following types of information: verification of prior employment(s) and dates of employment, academic achievement, professional licensure, credit reports, criminal history, civil litigation, social security number verification, driving records, Uniform Commercial Code (UCC) filings, and any liens or judgments as a result of a public record(s) search from any federal, state, or any other agency which might contain such records.

Before the Company takes any adverse action regarding an applicant or employee on the basis of a consumer credit report, the candidate or employee will be entitled to a free copy of that report, as well as a written description of the candidate's or employee's rights under the Fair Credit Reporting Act.

By signing below, you agree that you understand that the above-described background check information may be used by Bob Woodall's in making a decision regarding your employment.

Signature of Employee

Date

Print name

AUTHORIZATION TO OBTAIN CONSUMER INFORMATION

I agree that I have been provided with a stand-alone notice that Bob Woodall Air Care Systems, and/or Bob Woodall's Commercial Division, including all its affiliates, divisions, subsidiaries, and/or related companies ("the Company") will obtain a criminal background check and may use the results of that background check to make decisions about my employment.

I understand that, as part of its employment process, the Company may obtain from third parties consumer information (including credit information) on applicants for employment and active employees for considerations of promotion, retention, and other considerations allowed by law. By signing this document, I hereby expressly authorize the Company to obtain consumer information (including credit information) regarding my creditworthiness, standing or capacity, character, general reputation, personal characteristics and/or mode of living. I understand that the following types of information may be obtained and considered: verification of prior employment(s) and dates of employment, academic achievement, professional licensure, and credit reports. I further understand the report may contain information about any prior criminal history, civil litigation, social security number verification, driving records, Uniform Commercial Code (UCC) filings, any liens or judgments, and bankruptcy as a result of a public record(s) search from any federal, state, or any other agency which might contain such records. I understand that such information may be used by the Company in making a decision regarding my employment. Before the Company takes any adverse action to a candidate or employee on the basis of a consumer credit report, the candidate or employee will be entitled to a free copy of that report, as well as a written description of the candidate's or employee's rights under the Fair Credit Reporting Act.

My signature below authorizes the Company to obtain consumer report(s) now or at any time in the future concerning my employment with the Company. If I am an applicant, I acknowledge and understand that this authorization remains in effect for the duration of employment, should I be selected for employment. My authorization applies to the Company and any appropriate third party or Consumer Reporting Agency of its choice.

Signature of Employee

Date

Print name

CONSENT TO DRUG TESTING & RELEASE OF ALL CLAIMS

I, _____, agree to undergo testing to determine if I have drugs in my system. I understand that if I test positive for the presence of drugs, or if I refuse to submit to a drug test, I will be subject to disqualification for hire, or to immediate discharge if I am an employee.

I understand that refusal to submit to or cooperate with a blood or urine test after an accident will forfeit my rights to recover certain benefits under the applicable state workers compensation laws. I agree to the laboratory, clinic or physician releasing the test results to the Company and its medical advisor. I also consent to the release of test related information to the State Unemployment Compensation Commission or any other governmental agency.

In consideration of my initial or continued employment, I release Bob Woodall's Air Care Systems, Bob Woodall's Commercial Divisions, and any of its affiliates, division, subsidiaries (the "Company"), and its employees, officers, and partners from liability and damages which may arise from collection, testing and analysis of any specimen, the test results or adverse employment action taken as a result of the testing or test results, except for any acts of negligence by those who collect, test or analyze specimens.

I understand that this consent and release does not alter my right, or that of the Company, to terminate my employment at any time for any reason with or without cause or prior notice.

Employee/Applicant Signature

Date