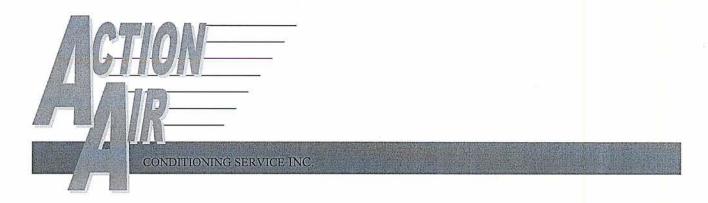
Action Air Conditioning Service, Inc. Application for Employment (An Equal Opportunity Employer)

Pe	rsonal Information	1		Date				
Na	ime					lber		
70.00	Last	First	Middle		entener y autom			
Pre	esent Address	Street	+	City	State	Zip		
Ph	one Number	N. M. O.		Are you	18 years or o	ات older? Yes	<mark>ڭ No</mark>	
			:*:	Expiration Date		tion Date		
En	nployment Desired					DAME NO		
Po	sition			Date you can Start		Salary desired		
Ev	er applied to this co	our present employempany before? Yes	ف No ڤ	ٹ When?		_		
Ed	lucation							
		Name and Location Of School		*No of yrs Attended	*Did you Graduate	Subjects Studie	d	
	Grammer							
	High School							
	College						2	
	Trade, Business, Or Correspondence *The Age Discrimination in Employr respect to individuals who are at least	ment Act of 1967 prohibits discrimination	on the basis of age with			-		
Ge	eneral							
Su	bjects of special stu	dy or research work_						
	S. Military or val Service	F	Rank			bership in Natio erves		
			(Continued on o	ther side)				

Month & Yr	Name & Add Of Employer		Salary	Position	Reason for Leaving	
From:						
To:						
From:						
To:						
From:						
To:						
From: To:						
ASSESS OF OUT PROPERTY.	20000	923	***			
erences (Give th	ne names of three	persons not relate	d to you, whor	n you have kno	own at least one year)	Trace
N		A 3 3		D		Years
Name		Address		Busines	SS	Acquainted
-						
	*					_
						1
you have any pl		ons that preclu	de you from	performing	any work for which yo	ou are being
sidered? Yes	ف No ث e done to acco	mmodate your	limitation?_	_	any work for which yo	
you have any plasidered? Yes	ف No ف	mmodate your	limitation?_	_		
you have any plasidered? Yes yes" what can b ase describe:	ف No ف	mmodate your	limitation?_	_		
you have any plasidered? Yes yes" what can be ase describe: Case of Emerger Name ertify that the fallerstand that, if eatherize investige information concerwise, and release	e done to acconcy Notify acts contained acts contained acts ation of all state acts all parties force that, if hire	in this application ified statements contain evious employed from all liability ed, my employed,	Address Address Son are true as on this app med herein are and any y for any dare and any dare and any dare and any the area and any for any dare any for any dare and any for any dare and any for any dare any for any dare and any for any for any dare and any for any dare any for any for any dare any for any	and complete lication shall and the referent pertinent in mage that ma	Phone? to the best of my known to the grounds for disminances listed above to gifted formation they may have result from furnishing riod and may, regardle	owledge and ssal. ve you any ar ave, personal ng same to yo



Authorization for Background Screening and Drug Testing

I authorize the Action Air Conditioning Service, Inc. or its agents to conduct an investigation and verification of all statements and information contained in this application that they may deem relevant to evaluating my qualifications for employment. I authorize all my previous employers or other persons having information concerning me or my record of employment to report such information. I release each such person, employer or its agents from all claims and liability whatsoever arising out of such an investigation and disclosure of my background.

I understand that the company to which I am applying for employment will seek to keep all such information confidential except where such information is required to be released by law.

Upon receiving a conditional offer of employment by this company, I agree to submit to a physical examination and/or testing for illegal drugs by a doctor or facility designated by and at the expense of the company. I also agree to submit to testing for alcohol and/or illegal drugs if requested at subsequent intervals as the company may direct during the course of my employment. I understand that refusal to submit to such testing may result in my dismissal. I agree to permit collection of urine, blood, saliva, hair and/or other samples from me to conduct this testing to determine the presence or use of alcohol and/or drugs. Further, I agree to the release of drug test results and other relevant medical information to authorized representatives of the company. I also understand that my employment is contingent upon passing such testing.

ave read, understand and agree to the above.	
Applicant Name	Social Security #
Authorization signature of applicant	Date