



APPLICATION FOR EMPLOYMENT

AVCON, INC. is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability, veteran status, citizenship status, marital status or any other characteristic protected by law. Further, AVCON, INC. is committed to maintaining a drug-free work environment and we are in compliance with all federal, state and local regulations concerning testing of applicants and employees.

PERSONAL INFORMATION

| | | | |
|---|--|---------------------|---|
| Last Name | First Name | Middle Name/Initial | Date |
| Street Address | | | Home Phone () |
| City | State | Zip | Business Phone () |
| Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" name: | Email Address | | Mobile Phone () |
| If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" explain: | | |
| Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License Number _____ State ____ Type _____ | | |
| How were you referred to our company? <input type="checkbox"/> Ad (Where) _____ <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Employee Referral (Name) _____ (Relationship) _____ <input type="checkbox"/> Other (Specify) _____ | | | |
| Are you able to perform the essential functions of the position as listed and described on the job description or as demonstrated by a company representative, with or without a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever been convicted of a crime or been a defendant in a civil action for an intentional tort? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" list offense, date and disposition of the case (Convictions will not necessarily disqualify you for the position): | | | |
| Do you have a non-compete agreement or are you subject to any restrictive covenant with any of your former employers? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain. | | | |
| | | | |
| Position Desired | Date Available | Salary Desired | Are you willing to travel, if required for the job? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/> | Days and hours available for work | | |
| AVCON is committed to providing exceptional customer service, which may require work outside your normal work schedule. Are you available for occasional overtime, weekend or holiday work if required? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

MILITARY SERVICE

| | |
|---|--|
| PLEASE COMPLETE THIS SECTION ONLY IF YOU SERVED IN THE UNITED STATES ARMED FORCES | Branch of Service |
| | Period of Active Duty (Month/Year) to |
| | Rank at Discharge |
| | Date of Final Discharge |

EDUCATION INFORMATION

| School Level | Name and Location of School | Course of Study | # of years completed | Did you graduate? | Diploma or Degree Type |
|--------------------|-----------------------------|-----------------|----------------------|---|------------------------|
| High School | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| College/University | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Post Graduate | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Business/Trade | | | | <input type="checkbox"/> Y <input type="checkbox"/> N | |



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|-----------|-------|--------|------|--|--|
| Technical | | | | | |
| Last Name | First | Middle | Date | | |

PERTINENT SKILLS & QUALIFICATIONS

Do you have any experience, training, qualifications or special skills that you think make you especially suited for work at AVCON? (Explain)

| | |
|------------------------------------|------------------------|
| PC Skills (Indicate software used) | Typing Speed _____ wpm |
|------------------------------------|------------------------|

PROFESSIONAL LICENSURE

| List any pertinent Licensure, Registration, Certifications | License, Registration or Certification Number | Date Received | Date Expires |
|--|---|---------------|--------------|
| | | | |
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EMPLOYMENT INFORMATION

Please give accurate, complete details, starting with your current or most recent employer. Account for all time periods including unemployment, self-employment and military service. Use additional paper, if necessary.

| | | | | | | | |
|----------|-----------------|--|--------|--------------|-----|---|---------------|
| 1 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ |
| | Job Title | | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ |
| | Job Title | | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ |
| | Job Title | | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ |
| | Job Title | | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5 | Company Name | | | Phone () | | From Mo./Yr. | To Mo./Yr. |
| | Street Address | | City | State | Zip | Starting Pay \$ | Ending Pay \$ |
| | Job Title | | Duties | | | Reason for leaving | |
| | Supervisor Name | | | | | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |



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| | | | |
|-----------|-------|--------|------|
| Last Name | First | Middle | Date |
|-----------|-------|--------|------|

PROFESSIONAL REFERENCES

Please list a minimum of three individuals who can attest to your ability and experience. Do not include relatives or friends.

| Name | Relationship | Telephone Number | Address |
|------|--------------|------------------|---------|
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ACKNOWLEDGMENTS

Please read carefully and sign below.

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| Initial | I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume or other documentation, if any) to provide AVCON, INC. representatives with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you. |
| Initial | In consideration of employment, I agree to obey the rules and standards of AVCON, INC. I understand that nothing contained in this application or in the interview process is intended to create a contract between AVCON, INC. and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or the Company. This constitutes my entire agreement with AVCON, INC. with regard to the length of my employment. |
| Initial | I understand that any offer of employment, should I receive one, is conditional upon successful completion of a pre-employment drug/alcohol test. I further understand that, if management suspects that I am unable to perform my job without endangering others or myself at any time during my employment, I may be required to take an alcohol/drug test. |
| Initial | I am able to perform the essential functions of the position with or without a reasonable accommodation. |
| Initial | I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to work in the United States. |
| Initial | I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will result in my dismissal from employment, if discovered at a later date. |
| Applicant Signature: | |
| Date: | |