



# ENVIRONMENTAL EXHAUST SERVICE APPLICATION FOR EMPLOYMENT

For Internal Use Only

Date received \_\_\_\_\_

Time received \_\_\_\_\_

Received by \_\_\_\_\_

**PRINT IN BLACK INK OR TYPE.** These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "N/A". **Do not leave questions blank.** Be sure to sign when completed. Environmental Exhaust Service is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

NAME \_\_\_\_\_

(Last)

(First)

(Middle)

( ) \_\_\_\_\_

(Daytime Phone)

MAILING ADDRESS \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

(Country)

( ) \_\_\_\_\_

(Work Phone, Optional)

E-MAIL ADDRESS \_\_\_\_\_

List any other names used if different from name on this application. \_\_\_\_\_

List exact title of position or type of work for which you wish to apply:	Job Posting Number	Closing Date
Do you have any relatives working for EES? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, list names and relationships:		

Full-Time ☐ Part-Time ☐ Temporary ☐ Date available for start? \_\_\_\_\_ Are you legally allowed to work in the United States? Yes ☐ No ☐

Are you willing to travel? Yes ☐ No ☐ If yes, what percent of time? \_\_\_\_\_ Are you willing to relocate? Yes ☐ No ☐

Current Driver's License # (if required for position) \_\_\_\_\_ Type of License \_\_\_\_\_  
(State) (Number)

**Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes ☐ No ☐** If your answer is "Yes," explain in concise detail on a separate page, giving dates and nature of the offense. A conviction may not disqualify you, but a false statement will.

**EDUCATION (NOTE:** Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications, and registrations.)

High School Graduate or GED? Yes ☐ No ☐ If yes, name and location of high school or GED institute: \_\_\_\_\_

Type of School	Name and Location of School	Dates Attended				Date Graduated	Expected Graduation Date	Sem/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Mo.	Yr.	Mo.	Yr.					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical or Vocational Schools										

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

LICENSE/CERTIFICATION (P.E., R.N., Attorney, C.P.A., etc.)	Date issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)	License No.

## AN EQUAL OPPORTUNITY EMPLOYER

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

Approximately how many words per minute do you type? \_\_\_\_\_

Do you speak a language other than English? (If required for this position) Yes ☐ No ☐

If yes, what language(s) do you speak? \_\_\_\_\_

How fluently? Fair ☐ Good ☐ Excellent ☐

Do you write in a language other than English? (If required for this position) Yes ☐ No ☐

If yes, which language(s) \_\_\_\_\_

Have you ever been employed by Environmental Exhaust Service? ☐ No ☐ Yes

Are you currently employed by EES? Yes ☐ No ☐

**MILITARY SERVICE** (A copy of a report of separation from the Armed Services may be required.)

Are you a veteran? Yes ☐ No ☐ If yes, list type of discharge \_\_\_\_\_

### REFERENCE SECTION

Please list three professional references (people with whom you've worked.)

Full Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Last) (First) (Middle) (Daytime Phone)

Mailing Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Street) (City) (State) (Zip) (Country)

Relationship: \_\_\_\_\_

Full Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Last) (First) (Middle) (Daytime Phone)

Mailing Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Street) (City) (State) (Zip) (Country)

Relationship: \_\_\_\_\_ (Work Phone, Optional)

Full Name: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Last) (First) (Middle) (Daytime Phone)

Mailing Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
(Street) (City) (State) (Zip) (Country)

Relationship: \_\_\_\_\_

### PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
4. I understand and I hereby consent and authorize Environmental Exhaust Services, Inc., to execute a background check that may include, but not be limited to, a criminal record check, employment and education verifications; and driving record.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**THIS APPLICATION MUST BE SIGNED** SIGN HERE:

X

Applicant's Name

Date

# EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment. Begin with your current or last position and work back to your first. Employment history should include **each position** held, even those with the same employer.
2. **EMPLOYER INFORMATION MUST BE COMPLETE.**
3. Answer all questions and completely summarize your experience including technical and managerial responsibilities and any special training, skills and qualifications for each position you have held.

If you need additional space to adequately describe your employment history, you may use the same format as this application form.

**Name**

Last

First

Middle

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: (    )							Immediate Supervisor Name:  Title:  Supervisor's Telephone No.: (    )		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>  Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-Managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	\$			
Summary of experience including special training/skills/qualifications you have used in the performance of this job:									
Specific reason for leaving:									

  

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: (    )							Immediate Supervisor Name:  Title:  Supervisor's Telephone No.: (    )		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>  Give average # of hours worked per week if part-time:
Starting Date			Leaving Date			Current/ Final Salary	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:	
Mo.	Day	Yr.	Mo.	Day	Yr.	\$			
Summary of experience including special training/skills/qualifications you have used in the performance of this job:									
Specific reason for leaving:									

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: (     )							Immediate Supervisor Name:  Title:  Supervisor's Telephone No.: (     )		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>  Give average # of hours worked per week if part-time:	
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Mo.	Day	Yr.	Mo.	Day	Yr.					
<b>Specific reason for leaving:</b>										

  

Position Title: Employer: Mailing Address: City & State/ZIP: Employer's Telephone No.: (     )							Immediate Supervisor Name:  Title:  Supervisor's Telephone No.: (     )		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Temp/Project <input type="checkbox"/>  Give average # of hours worked per week if part-time:	
Starting Date			Leaving Date			Current/ Final Salary \$	Technical <input type="checkbox"/> Non-managerial <input type="checkbox"/> Supervisory/Managerial <input type="checkbox"/>	If supervisory, number of employees you supervised:		
Mo.	Day	Yr.	Mo.	Day	Yr.					
<b>Specific reason for leaving:</b>										