

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Please Print Clearly

DATE _____

Please answer all questions, resumes are not a substitute for a completed application. We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information pregnancy, citizenship status or any other category protected by applicable federal, state, or local laws.

INDOOR AIR TECHNOLOGIES INC. is an **AT-WILL EMPLOYER** where allowed by applicable state law. This means that regardless of any provision in this application, if hired, the company or I may terminate the employment relationship at any time, for any reason, with or without cause or notice. This application does not create any type of express or implied contract otherwise.

PERSONAL INFORMATION

APPLICANT NAME _____

POSITION APPLIED FOR _____

CELL NUMBER _____ ALTERNATE NUMBER _____

PRESENT ADDRESS (Number, Street, City, State, Zip Code) _____

How long have you lived there? (Years/Months) ____ / ____

PREVIOUS ADDRESS (Number, Street, City, State, Zip Code) _____

How long have you lived there? (Years/Months) ____ / ____

EMAIL ADDRESS _____

If under 18, can you produce the necessary work certificate? (Circle one) [Yes] / [No]

Type of employment desired (Circle one) [Full time] / [Part time] Specify hours per week _____

Are you willing to work Overtime? _____

Date on which you can start work, if hired? (dd/mm/yy) _____

Do you have a driver's license? (Circle one) [Yes] / [No] If so, in what State? _____

If hired can you provide proof that you are legally eligible for employment in the U.S.? (Circle one) [Yes] / [No]

If not, what steps must be taken for you to begin employment lawfully? _____

Have you previously applied or worked for this company? _____

PERSONAL INFORMATION (Continued)

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname etc.

Do you have any commitments to any other employer which could affect your employment with this company if hired? For example, an employment agreement, a non-competition or non-solicitation agreement, etc.?

(Circle one) [Yes] / [No]

If yes, explain _____

EDUCATION

Level of Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? (Yes / No)	# of Years Completed
High School				
College				
Graduate				
Trade School				

Other relevant training, certifications or licenses held? _____

WORK EXPERIENCE

Please list the names of your present and /or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent 10 year period. Failure to completely respond to each inquiry may disqualify you for consideration for employment. Do not answer "see resume".

Most Recent

EMPLOYER NAME _____

TYPE OF BUSINESS _____

EMPLOYER ADDRESS (Number, Street, City, State, Zip Code) _____

EMPLOYER PHONE NUMBER _____ EMPLOYED FROM (mm/yyyy) _____ to _____

JOB TITLE _____

DUTIES _____

SUPERVISOR'S NAME _____ May we contact? (Circle one) [Yes] / [No]

REASON FOR LEAVING _____

Prior

EMPLOYER NAME _____

TYPE OF BUSINESS _____

EMPLOYER ADDRESS (Number, Street, City, State, Zip Code) _____

EMPLOYER PHONE NUMBER _____ EMPLOYED FROM (mm/yyyy) _____ to _____

JOB TITLE _____

DUTIES _____

SUPERVISOR'S NAME _____ May we contact? (Circle one) [Yes] / [No]

REASON FOR LEAVING _____

WORK EXPERIENCE (Continued)

EMPLOYER NAME _____

TYPE OF BUSINESS _____

EMPLOYER ADDRESS (Number, Street, City, State, Zip Code) _____

EMPLOYER PHONE NUMBER _____ EMPLOYED FROM (mm/yyyy) _____ to _____

JOB TITLE _____

DUTIES _____

SUPERVISOR'S NAME _____ May we contact? (Circle one) [Yes] / [No]

REASON FOR LEAVING _____

EMPLOYER NAME _____

TYPE OF BUSINESS _____

EMPLOYER ADDRESS (Number, Street, City, State, Zip Code) _____

EMPLOYER PHONE NUMBER _____ EMPLOYED FROM (mm/yyyy) _____ to _____

JOB TITLE _____

DUTIES _____

SUPERVISOR'S NAME _____ May we contact? (Circle one) [Yes] / [No]

REASON FOR LEAVING _____

Please request additional copies of this page if your present and / or previous employers over the past 10 year period, exceeds the space provided.

REFERENCES

Please list the names of additional work-related references we may contact who have worked with you in the past. Individuals with no prior work experience may list teachers, coaches or volunteer-related references.

NAME	POSITION / RELATION	COMPANY	PHONE NUMBER / EMAIL

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and /or continued employment is contingent on possessing a valid driver's license for the state in which I reside and an automobile liability insurance in an amount equal to the minimum requirement by the state where I reside.

I understand that the Company may now have, or may establish, a drug free workplace or drug and /or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) unlawful drug and or alcohol test is positive, the employment offer may be withdrawn where allowed by law. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's [policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol , impairment drugs ,illegal or controlled substances. If employed. I understand that alcohol and or drug testing may be a condition of continual employment and I agree to undergo testing.

If employed by Indoor Air Technologies, I understand and agree that the company, to the extent permitted by law may exercise its right, without prior warning or notice, to conduct investigations of company property including but not limited to files, lockers, desks, company vehicles, and computers. I understand that I have no exception of privacy in Company property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and /or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interviews, is an will be complete and accurate, to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

INDOOR AIR TECHNOLOGIES IS AN AT-WILL EMPLOYER WHERE ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THE APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL, NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT –EXPRESS OR IMPLIED–WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.

IF HIRED, I AGREE TO CONFORM TO THE LAWFUL RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT INDOOR AIR TECHNOLOGIES HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL UNLESS SUCH AGREEMENT IS SIGNED BY THE PRESIDENT OF THE COMPANY.

I authorize Indoor Air Technologies and/or its agents to confirm all statements in this application and /or resume as it relates to the position I am seeking, to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and /or local law. I certify that I have received a separate written notification that Indoor Air Technologies may obtain consumer reports on me for use in connection with my application (where allowed by law) and, if I am hired, my employment, unless otherwise prohibited by federal, state, or local law.

I AUTHORIZE AND CONSENT TO, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER (INCLUDING ANY AND ALL PRIOR EMPLOYERS OF MINE) TO FURNISH INFORMATION REGARDING MY PREVIOUS EMPLOYMENT HISTORY AND/OR ANY OF THE ABOVE-MENTIONED INFORMATION. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to Indoor Air or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Indoor Air and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize Indoor Air Tech. to provide truthful information concerning my employment to future employers and hold Indoor Air Tech. harmless for providing such information.

If hired by Indoor Air Tech., I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by Indoor Air Tech. I also understand Indoor Air Tech. employs only individuals who are legally eligible to work in the United States.

This application will be considered active for a maximum of 60 days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Applicant Signature _____ **Date** (dd/mm/yyyy) _____

Print Name _____