

**STULZ AIR TECHNOLOGY SYSTEMS**

1572 TILCO DR.  
FREDERICK, MD 21704 USA  
(301) 620-2033

**Application for Employment**



PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source  Advertisement  Employee  Relative  Government Employment Agency  
 Walk-in  Private Employment Agency  Other \_\_\_\_\_

Name of source (if applicable) \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

If necessary, best time to call you at home is..... : AM PM

May we contact you at work? .....  Yes  No

If necessary, work number and best time to call ..... ( ) : AM PM

If you are under 18 and it is required, can you furnish a work permit? .....  Yes  No

If no, please explain \_\_\_\_\_

Have you submitted an application here before? .....  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_ / /

Have you ever been employed here before? .....  Yes  No

If yes, give date(s) and position(s) \_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you eligible to work in this country? .....  Yes  No

Date available for work.....\_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? ..... \$ \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Will you relocate if job requires it? .....  Yes  No Will you travel if job requires it?.....  Yes  No

Are you able to meet the attendance requirements of the position? .....  Yes  No

Will you work overtime if required?.....  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been bonded? .....  Yes  No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?.....  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENCE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

## Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE # (      )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		DATES EMPLOYED		
		FROM	TO	
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		DATES EMPLOYED		
		FROM	TO	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

EMPLOYER	TELEPHONE # (      )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		DATES EMPLOYED		
		FROM	TO	
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		DATES EMPLOYED		
		FROM	TO	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

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		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		DATES EMPLOYED		
		FROM	TO	
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		DATES EMPLOYED		
		FROM	TO	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

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		FROM	TO	
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		DATES EMPLOYED		
		FROM	TO	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER				

**Comments** INCLUDING EXPLANATION ON ANY GAPS IN EMPLOYMENT \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_

## Skills and Qualifications

**A.** List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

## References

- List name and telephone number of three business/work references who are *not* related to you.
- If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE	NO. OF YEARS KNOWN
	(       )	
	(       )	
	(       )	

## Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS. \_\_\_\_\_

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List any additional information you would like us to consider \_\_\_\_\_

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## Skills and Qualifications

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (a) cancel further consideration of this application, or (b) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**“Under Maryland Law, an employer may not require, or demand, any applicant for employment, or prospective employment, or any employee to submit to, or take, a polygraph, lie detector or similar, test or examination as a condition of employment, or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine, not to exceed one hundred dollars (\$100.00).”**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Referral Source

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk-in                      | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee                     | <input type="checkbox"/> Relative                     | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Advertisement — Source _____ |   | <input type="checkbox"/> Other _____               |

Name of person who referred you IF APPLICABLE \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Telephone\_(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
LAST FIRST MIDDLE STREET CITY STATE ZIP CODE

Male  Female

## Please check on of the following Equal Employment Opportunity Identification Groups:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic or Latino                               |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different origin) |
| <input type="checkbox"/> Asian                          |   |   |

THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN.

## For Administrative Use Only

Position(s) applied for  Available  Not Available

Other positions considered for \_\_\_\_\_

Hired  Yes  No

Position hired for \_\_\_\_\_ Date of hire \_\_\_\_/\_\_\_\_/\_\_\_\_

From the EEO job classifications listed below, which one best describes the position filled?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Officials and Manager | <input type="checkbox"/> Sales Workers               | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professionals         | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled)      |
| <input type="checkbox"/> Technicians           | <input type="checkbox"/> Craft Workers (skilled)     | <input type="checkbox"/> Service Workers           |

Notes \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Stulz Air Technology Systems, Inc. (SATS) recognizes the need for safe & healthy work environment. Effective August 18, 1994, we are establishing a drug testing policy as a prerequisite for employment. SATS believes this is in the best interest of the company and all of its employees.*

*All offers of employment for either full or part time positions will be contingent on the results of a drug test. A negative drug test will be required for employment. The test will be taken at Corporate Occupational Health Services, within 48 hours of the offer.*

*This testing is designed to give us a safer work environment. We trust you will join us in support of a drug-free workplace.*

*I have read and understand what is expected of me from the above information.*

*Signature of Applicant* \_\_\_\_\_

*Date:* \_\_\_\_\_