APPLICATION FOR EMPLOYMENT

	PLEASE PRINT ALI	L INFORMATION REQUE	STED E	XCEPT SIGNA	TURE	
			DATE			
Name						
Drocont addroca	Last	First	N	liddle	Maiden	
Present address	Number Street	City			State Zip	
Telephone ()		Socia	al Security #		
)		If under 18, please list age			
e-mail address _			Days/hours available to work			
			Mon	7	Гие	
Position applied f	for				Thur	
					Sat No Pref	
					No Piei	
How many hours	can you work weekly?		Can	you work nights	?	
Employment des	ired □FULL-TIME ONLY	✓ □PART-TIMI	ONLY	□FULL	OR PART-TIME	
When available for	or work?					
T)/DE 05				NUMBER OF		
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION		YEARS COMPLETED	MAJOR & DEGREE	GPA
College						
College						
College						
Business or Trade School						
Professional						
School						
	A DDIVED'S LICENSE2	LVas D No				
		I Yes □ No				
-	ans of transportation to work?					
Driver's license number	S	State of issue				
Have you had an	y accidents during the past thr	ree vears?		Ном	v many?	
Have you had any accidents during the past time y		=	How Many?			
Are you author	ized to work in the U.S.?					
■ U.S. Citizen	□ F	Permanent Resident (gree	n card)		☐ Temporary work p	ermit

Please list two references other than relatives o	r previous employers.					
Name	Name					
Position	Position					
Company	Company					
Address	Address					
Telephone ()	Telephone ()	<u> </u>				
Professional licenses and certifications:						
Professional Geologist	Registered Asbestos Analyst 📮	Certified Industrial Hygienist				
Other (please list)						
	MILITARY					
HAVE YOU EVER BEEN IN THE ARMED FORCES? ☐ Yes ☐ No						
ARE YOU NOW A MEMBER OF THE NATIONA						
Specialty	Date Entered	Discharge Date				
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.						

Work Experience: Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

	,.			
Name of employer	mployer Name of last			
Address	supervisor			
City, State, Zip Code	Employment dates	Pay or salary		
Phone number	Employment dates	l ay or salary		
Reason for leaving (be specific)	From	Start		
	То	Final		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	Your last job title			
	Reference e-mail addr	ress		
May we contact your present employer? ☐ Yes ☐ No				
Name of employer	Name of last			
Address	supervisor	1		
City, State, Zip Code	ay State Zin Code			
Phone number	Employment dates	Pay or salary		
Reason for leaving (be specific)	From	Start		
	То	Final		
		Fillal		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	Your last job title			
	Reference e-mail address			
Name of employer	Name of last			
Address	supervisor	T		
City, State, Zip Code	Formular was and dates	Day an aslam.		
Phone number	Employment dates	Pay or salary		
Reason for leaving (be specific)	From	Start		
	То	Final		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	Your last job title			
	Reference e-mail address			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Asbestos TEM Laboratories, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Asbestos TEM Laboratories, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Asbestos TEM Laboratories, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

Signature of applicant	Date:	

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.