

**EMPLOYMENT APPLICATION FOR
CLEAN AIR SERVICE, INC.**

3353 Geischen Dr.
Wausau, WI 54401
715-675-4498

Date: _____

Name: _____
Last First Middle

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: _____ Social Sec. #: _____

Date of Birth: _____ Drivers Lic. #: _____ Valid Y / N

Date you can start: _____ Salary Desired: _____ Currently Employed _____

May we contact your employer Y/N contact: _____

With the nature of our profession and our exposure to many different environments we need to be aware of any physical constraints that may be a concern for you, please mark following appropriately:

Available for Weekend Work Yes / No Able to work in confined space Yes / No

Available for Holiday Work Yes / No Able to work on or from ladders Yes / No

Available for 2nd or 3rd Shift Yes / No Able to working on lifts Yes / No

Available for overnight travel Yes / No Ability for Excessive bending/Kneeling
Yes / No

Known Allergies To: Ability to efficiently and frequently climb
stairs Yes / No

Dust Yes / No

Mold Yes / No

Animals Yes / No

Other Yes / No if yes explain _____

Education:

Graduated
Y / N

Major

High School: _____
Name/City

year
Y / N

College: _____
Name

year
Y / N

Trade School: _____
Name

year

Subjects of special study or research work: _____

Special Training: _____

Activities: (Civic, Athletic, hobbies) _____

References: Give the names of 3 persons not related to you, whom you have known at least one year.

Name

Address

Business

Years known

In case of Emergency, notify: _____ Phone: _____

Address: _____

I Authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signed: _____ Date: _____

Former Employers: List all your employers, starting with present or most recent.

Date				Reason
Month/Year	Name & Address of Employer	Salary	Position	for leaving

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Motor Vehicle Record Release and Authorization Form

To: Wisconsin Department of Transportation

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my prospective or present employer and its insurance agency, whose name and addresses are as follows:

Employer:
Clean Air Service, Inc.
Randy A Loew, Pres.
3353 Geischen Dr.
Wausau, WI 54401

Insurance Agency:
Northway Insurance Agency, LLC
1488 Merrill Ave.
Wausau, WI 54401

This authorization shall continue in effect until revoked by the undersigned in a subsequent writing delivered to you.

Name: (first, middle initial, last) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____

Signature: _____ Date: _____