



Company Benefits

Health Insurance – Company Paid

Dental Insurance

Disability Insurance

Life Insurance \$25,000

Travel pay

Fun and Friendly Work place

Vacation pay

Holiday pay

Retirement Plan

Room for advancement

Company paid education program

Ed Wolek

Senior Vice President

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NOTICE TO APPLICANTS
Screening test for illegal drug use are required as a condition of employment

We appreciate your interest in submitting an application for employment.
Step by Step process for employment:

- Step1: Please complete the attached application for employment.
- Step2: Submit a copy of your driver's License. All applicates must have a valid drivers' Licenses which will be acceptable for our insurance carrier.
- Step3: Submit a copy of any trade licenses, ie Journeyman's Card, N.A.T.E certification, etc.
- Step 4: Submit proof of trade Education, ie Appreticeship Card, School ID Badge, Union Card.
- Step 5: The office will verify that your driver's license is acceptable for our insurance carrier.
- Step 6: Criminal Background checks are required to be run.
- Step 7: Presonality profile will be run.
- Step 8: Appoitment will be scheduled to interview
- Step 9: Authorization form for Drug Screen Test to be performed will be given to you and you will need to have it completed at one of the Centra Care's.



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An Equal Opportunity Employer
 (Valid for 90 days only)

Please answer all questions. Resumes are not accepted in lieu of completion of this application. Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all the questions.

Last Name First Middle Social Security # Date

Present Address City/State Zip Code Telephone #

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying you legal right to work in the U.S. and your identity?

Yes _____ No _____

Have you **ever** been convicted of a felony? Yes _____ No _____ If yes, give dates and explain. (Attach separate paper if necessary). A conviction will not necessarily keep you from employment.

Are you over 18 years of age? Yes _____ No _____ Position
 Desired _____

EDUCATIONAL DATA

| School | Print Name, Address, City | No. of Years Completed | Degree | Major Course of Study |
|-----------------|---------------------------|------------------------|--------|-----------------------|
| High school | _____ _____ | | | |
| College | _____ _____ | | | |
| Graduate School | _____ _____ | | | |
| Trade, Business | _____ _____ | | | |
| Corres. Other | _____ _____ | | | |

Employment Experience:

ALL FORMER JOBS (list most recent job first). Account for all time periods including unemployment, self-employment and military service. (Attach separate papers, if necessary.)

Have you ever been dismissed or forced to resign from any employment? Yes _____ No _____
 If yes, please explain. _____

| | | |
|--------------------|----------------------|-------------------------|
| Employer | Dates Employed From | Hourly Rate/Salary |
| Address | | |
| Job Title | Immediate Supervisor | Telephone Number () |
| Work Performance | | |
| Reason for leaving | | |
| Employer | Dates Employed From | Hourly Rate/Salary |
| Address | | |
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| | | |
| Employer | Dates Employed From | Hourly Rate/Salary |
| | | |
| Address | | |
| | | |
| Job Title | Immediate Supervisor | Telephone Number () |
| | | |
| Work Performance | | |
| | | |
| Reason for leaving | | |
| | | |

Have you had prior educational experience that relates to the job for which you are applying?
Yes _____ No _____ if yes, describe _____

Other skills: List any other job-related skills or qualifications that support your application.

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes _____ No _____
If yes, identify names and relevant date's _____

Are you a veteran of the U.S. military service? Yes _____ No _____
If yes, what branch of service ? _____
Are you now in active Military Reserve? Yes _____ No _____ Date of discharge _____

In case of **EMERGENCY** please notify:
Name _____ Phone # _____

Address _____ Relationship _____

Do you own an automobile? Yes _____ No _____
Will you work overtime if asked? Yes _____ No _____
Are there any hours, shifts or days you will not work? Yes _____ No _____
If yes, explain _____

Do you have any friends or relatives who work here? Yes _____ No _____
Name _____ Relationship _____

Name _____ Relationship _____

Spouse _____
Name Address Phone

Are you now employed? Yes _____ No _____ Are you on layoff? Yes _____ No _____
Are you subject to recall? Yes _____ No _____

May we contact your present employer? Yes _____ No _____
May we contact your previous employer? Yes _____ No _____

Please identify any exceptions and reasons for not contacting prior employers: _____

Character References:

List three persons not related to you, whom you have known at least one year.

| Name | Address & Telephone | Occupation |
|----------|---------------------|------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

List below any other information or remarks that you wish to have considered as a part of your application for employment _____

Have you filed an application here before? Yes _____ No _____ If yes, give date _____
Have you ever been employed here before? Yes _____ No _____ If yes, give date _____

Notice to Applicants: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omission of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have not employment contracts, and cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in law or employee policies, conformity to our work rules, job performance, etc. And of course; employees may elect to leave on their own accord to seek other jobs.

I understand that my employment with the employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any other personal manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other employer policies and practices, are subject to change or modified by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief executive Officer, in writing) has the authority to enter into any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition all employees of the Employer are subject to blood test or urinalysis screening for drug or alcohol use.

Signature _____ Date _____



RELEASE AUTHORIZATION APPLICANT COMPLETE THE FOLLOWING

1. In connection with my employment, I understand that a consumer report or Investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials and references.
2. Medical and workers' compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency.
3. I acknowledge that facsimile (FAX) or photographic copy of this release shall be as valid as the original.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or Insurance Company contacted by **CARLSON INVESTIGATION'S INC.**, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any liability arising out of such requests.

PLEASE PRINT FULL NAME

MAIDEN NAME (IF APPLICABLE)

HOME ADDRESS

CITY

STATE

ZIP

_____-_____-_____
SOCIAL SECURITY #

_____/_____/_____
DATE OF BIRTH

DRIVERS LICENSE #

STATE ISSUING LICENSE

NAME AS IT APPEARS ON DRIVERS LICENSE

APPLICANT SIGNATURE

SEX: ___ MALE ___ FEMALE

RACE: ___ ASIAN ___ BLACK ___ HISPANIC ___ WHITE ___ OTHER

NOTARY: SUBSCRIBED AND SWORN BEFORE ME: _____

APPLICANT SIGNATURE DATE

NOTARY STAMP:

NOTARY PUBLIC SIGNATURE