

**New England Air Systems, LLC**  
**APPLICATION FOR EMPLOYMENT**

**Applicant Information:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position for which you are applying \_\_\_\_\_

How did you hear about New England Air Systems? \_\_\_\_\_

Licenses/Certifications you currently hold: \_\_\_\_\_

Minimum Hourly or Weekly Salary Requirement \_\_\_\_\_

**Education:**

College \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

Post-Secondary Trade or Technical Institution \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

High School \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

**Training:**

Training/skills relating to position for which you are applying (including computer software):

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**Additional Information:**

Are you available to work:     Days     Evenings     Overnight     Weekends     Holidays

Are you legally authorized to work in the United States?     Yes                     No

Are you 18 years or older                                     Yes                     No

Are you a veteran?     Yes     No                    Branch \_\_\_\_\_

Rank/Duties at Separation \_\_\_\_\_

\_\_\_\_\_  
**(Please note that a copy of your DD214 form must be submitted to NEAS within three weeks of hire.)**

Have you previously applied for or been employed by NEAS?     Yes                     No

If yes, when \_\_\_\_\_

Do any members of your family work for NEAS?                                     Yes                     No

If yes, who and in what capacity? \_\_\_\_\_

**Experience:**

Please list previous employers in the last 10 years, starting with the most recent:

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Title/Duties \_\_\_\_\_  
Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Title/Duties \_\_\_\_\_  
Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Title/Duties \_\_\_\_\_  
Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

4) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Title/Duties \_\_\_\_\_  
Salary \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

**References:**

Please list three (3) business related references:

1) Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

2) Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

3) Name \_\_\_\_\_ Company \_\_\_\_\_  
Address \_\_\_\_\_  
Title \_\_\_\_\_ Telephone Number \_\_\_\_\_



**Complete Mechanical Systems & Service**

**AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION**

I understand that New England Air Systems, LLC will attempt to verify statements made on my employment application and during any employment interview. I give permission for my former educational institutions, employers and personal references to answer any and all questions based on the information available to them. I also authorize a personal, criminal and driver's license history be performed as part of my reference information. My eligibility to work in the United States is to be confirmed with E-Verify. I also understand that this information may be shared with New England Air Systems' customers, as requested.

I understand that my failure to sign this release so that New England Air Systems, LLC can contact references and perform a thorough background check will be deemed interference with and a withdrawal of my application for employment.

I understand that false, incomplete or misleading statements or omissions on my employment application or any other pre or post employment form may be considered sufficient cause for dismissal.

I understand that if I become an employee of New England Air Systems, LLC, I will conform to all rules and regulations of the Company.

I understand that I have the right to terminate my employment at any time with or without notice and that New England Air Systems LLC has a similar right under the State of Vermont at-will doctrine.

_____	_____	_____
Applicant Name (Please Print)	Driver's License Number	State
_____	_____	_____
Prior Street Address	Prior City/State/Zip	
_____	_____	_____
Signature of Applicant	Date	Date of Birth