

EMPLOYMENT EXPERIENCE:

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

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
Reason for Leaving		

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

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

May we contact your present employer? ___ Yes ___ No Previous Employers? ___ Yes ___ No

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

Are there any hours, shifts or days you will not or cannot work? ___ Yes ___ No If **Yes**, please explain: _____

Do you have transportation to work? ___ Yes ___ No Will you work overtime if asked? ___ Yes ___ No

Do you have any relatives or friends who work here? ___ Yes ___ No

Name: _____ Relationship: _____

Name: _____ Relationship: _____

CHARACTER REFERENCES

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

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

List below any other information or remarks that you wish to have considered as 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 dates: _____

NOTICE TO APPLICANTS: Symbiont Service Corp 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 category 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 matter contained in this application and hereby give Symbiont Service Corp permission to contact schools, previous employers, references , and others, and hereby release Symbiont Service Corp 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 omissions 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 no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/ economic conditions, changes in laws or Symbiont Service Corp 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 Symbiont Service Corp is for no specific term and may be terminated by me or Symbiont Service Corp with or without notice or cause at any time. I further understand that no oral promise, Symbiont Service Corp policy, custom, business practice or other procedure (including Symbiont Service Corp's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and Symbiont Service Corp.

The contents of any employee handbooks or personnel manuals, as well as other Symbiont Service Corp policies and practices, are subject to change or modification by Symbiont Service Corp, solely at its discretion, without notice. I also understand that no supervisor or other official of Symbiont Service Corp (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, Symbiont Service Corp 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 Symbiont Service Corp are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature: _____

Date: _____

Symbiont Service Corp is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability or marital status. We assure you that your opportunity for employment with Symbiont Service Corp depends solely upon your qualifications.

Symbiont Service Corp.

941.474.9306 • 800.881.4328 • Fax 941.473.9306

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GeoThermal Comfort Solutions**

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AUTHORIZATION TO RELEASE RECORDS AND INFORMATION

In connection with my application for employment, I understand investigative inquiries on my background, in accordance with the Fair Credit and Reporting Act and all state and federal laws are to be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to my qualifications for employment, including reasons for termination of employment.

I understand that Symbiont Service Corp and/or other investigative agencies may make inquiries, including but not limited to my consumer credit history, education, professional licensing, and criminal history and driving history. Furthermore, I understand that Symbiont Service Corp and/or other investigative agencies may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, civil and other experiences, as well as claims involving me in the files of insurance companies.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by Symbiont Service Corp from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I authorize, without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institution and private information bureaus or repositories) contacted by Symbiont Service Corp and/or other investigative agencies to furnish any or all of the above-mentioned information. In addition, I hereby release Symbiont Service Corp and/or other investigative agencies from any and all liability for damages arising from all companies, agencies, officials, officers, employees and other persons who, in good faith, provide Symbiont Service Corp and/or other investigative agencies, the above-referenced information as requested in order to successful complete a background investigation for my application for employment.

A fax copy of this form will be considered as valid as the original.

APPLICANT FULL NAME (Printed): _____ SS#: _____

SIGNATURE: _____ DATE SIGNED: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

DRIVER'S LICENSE NO: _____ STATE: _____

DATE OF BIRTH: _____ HOME PHONE: (_____) _____