



**Automatic Air Corp.**  
**367 Baxter Ave.**  
**Louisville, KY 40204**  
**(502) 583-1759**  
**Fax (502) 581-0488**

**We are an Equal Opportunity Employer**  
 All qualified applicants are considered regardless of race, religion, color, age, sex, marital status, nationality, veteran status or non-disqualifying disability.

**Instructions: Print out this form, fill out in black ink and fax or mail to us.**

Date: \_\_\_\_\_

1. **Position applied for** \_\_\_\_\_

2. **Social Security No.** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. **Full Legal Name**  
 \_\_\_\_\_  
 LAST FIRST MI

4. **Address**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP

5. **Phone** Home: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_- Other (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_-

6. **Education** **Highest Grade Completed:** \_\_\_\_\_

**Post High School 1.** \_\_\_\_\_  
 Name of College/University Status or Degree

**High School** \_\_\_\_\_  
 Name of School Location Status or Degree

**Trade School** \_\_\_\_\_  
 Name of School Location Status or Degree

**Certifications**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Proficiencies / Skills**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. **Reference 1**  
 \_\_\_\_\_  
 Last Name First Name  
 \_\_\_\_\_  
 Relationship Phone Number  
 \_\_\_\_\_  
 Address City, State and Zip

8. **Reference 2**

_____	_____
Last Name	First Name
_____	_____
Relationship	Phone Number
_____	_____
Address	City, State and Zip

EOE  
EOE

9. **Work Experience:** List jobs beginning with your present or most recent employer.

<b>Employer</b>			<b>Duties:</b>
<b>Job Title</b>			
<b>Address</b>			
<b>Phone</b>			
<b>Tenure Years</b>	<b>Hire Date</b>	<b>Leave Date</b>	<b>Reason for Leaving:</b>
<b>Salary Start</b>		<b>Salary End</b>	

<b>Employer</b>			<b>Duties:</b>
<b>Job Title</b>			
<b>Address</b>			
<b>Phone</b>			
<b>Tenure Years</b>	<b>Hire Date</b>	<b>Leave Date</b>	<b>Reason for Leaving:</b>
<b>Salary Start</b>		<b>Salary End</b>	

<b>Employer</b>			<b>Duties:</b>
<b>Job Title</b>			
<b>Address</b>			
<b>Phone</b>			
<b>Tenure Years</b>	<b>Hire Date</b>	<b>Leave Date</b>	<b>Reason for Leaving:</b>
<b>Salary Start</b>		<b>Salary End</b>	

11. MISCELLANEOUS

- a. Are you willing to accept employment which requires you to travel?     No     Yes.    If yes,  During the day only,  Occasionally overnight,     Frequently overnight.
- b. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States:  Yes     No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- c. Are you willing to provide your own transportation if necessary for your employment?     Yes     No.
- d. Have you ever been convicted for any violation(s) of law, including moving traffic violations.  Yes     No If YES, please provide the Description of offense:  
Statute or ordinance(if known ): \_\_\_\_\_ Date of Charge: \_\_\_\_\_; Date of Conviction \_\_\_\_\_  
County, City, State of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(For additional convictions use plain paper. Include all information listed above.)

12. Where did you hear about Automatic Air Corp?

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

Available Date \_\_\_\_\_

14. CERTIFICATION

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in **Automatic Air Corp**. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize the Commonwealth to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_