

**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 2<sup>nd</sup> or 3<sup>rd</sup> 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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To \_\_\_\_\_

**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: \_\_\_\_\_