



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

It is the policy of AIMS & CSI (hereafter referred to as the Company) to afford equal employment opportunity regardless of a person's age, race, religion, color, national origin, sex, marital status, qualifying disability, veteran status or other protected class.

INSTRUCTIONS

The careful completion of this application is an essential step in our consideration of you for employment. You must complete the entire application. Ask for an extra piece of paper if you need to clarify or complete any responses. Your application will become inactive after 60 days unless you inform the Company, in writing, and prior to the expiration of the 60-day period, that you want your application to remain active for an additional 60 days. Before you complete and sign this application, please ask any questions that you may have. If you need a reasonable accommodation in order to complete this application form, please notify the Company.

PERSONAL INFORMATION

NAME (Last, First, Middle Initial) SOCIAL SECURITY NUMBER DATE OF BIRTH TODAY'S DATE

STREET ADDRESS CITY STATE ZIP PHONE NUMBER

DRIVERS LICENSE NUMBER STATE OF ISSUE COUNTY OF RESIDENCE

IF REFERRED, BY WHOM? _____

DO YOU HAVE A CDL? YES NO If so, what endorsements do you maintain?

POSITION FOR WHICH YOU ARE APPLYING

WHICH COMPANY ARE YOU APPLYING FOR: AMERICAN INDUSTRIAL AND MUNICIPAL SERVICES (AIMS), AIMS COATINGS (AIMS CGTS), PIPELINE VIDEO INSPECTION COMPANY (PVIC), OR CLEANSERVE, INC (CSI):

POSITION _____

DATE AVAILABLE _____

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? _____

ARE YOU PRESENTLY EMPLOYED? _____ IF YES, WHERE? _____

ARE YOU SUBJECT TO RECALL AT ANOTHER JOB? _____

IF YES, EXPLAIN _____

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? _____

IF SO, FOR WHAT POSITION? _____ WHEN? _____

WAGE EXPECTED? _____

ARE YOU RELATED TO OR KNOW ANYONE WHO CURRENTLY WORKS FOR THE COMPANY? _____

IF YES, PLEASE NAME THE INDIVIDUAL(S) _____



EDUCATION HISTORY

Name and Location	Course of Study	Years Completed	Graduate?		Diploma or Degree
			Yes	No	
HIGH SCHOOL _____					
COLLEGE _____					
OTHER _____					

OTHER FORMAL EDUCATION OR EXPERIENCE THAT YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING, INCLUDING MILITARY EXPERIENCE:

MISCELLANEOUS INFORMATION

ARE YOU AT LEAST 18 YEARS OLD? _____

DO YOU HAVE LEGAL AUTHORIZATION TO WORK IN THE U.S.? _____

HAVE YOU WORKED UNDER A DIFFERENT NAME? _____

IF YES, PROVIDE EACH DIFFERENT NAME: _____

PROFESIONAL REFERENCES - FORMER MANAGERS OR SUPERVISORS

Provide Names, Addresses, and Telephone Number

1. _____
2. _____
3. _____

EMPLOYMENT HISTORY

List below past and present employment, starting with most recent. Do not skip any employers. Use additional paper if necessary. If there are gaps in history, please explain.

1. NAME AND ADDRESS _____
 POSITION TITLE _____
 BEGINNING SALARY _____ ENDING SALARY _____
 DESCRIPTION OF DUTIES _____
 SUPERVISOR'S NAME(S) _____
 DATES EMPLOYED: FROM _____ TO _____
 REASON(S) FOR LEAVING _____
 MAY WE CONTACT THIS EMPLOYER? _____
2. NAME AND ADDRESS _____
 POSITION TITLE _____
 BEGINNING SALARY _____ ENDING SALARY _____
 DESCRIPTION OF DUTIES _____
 SUPERVISOR'S NAME(S) _____



DATES EMPLOYED: FROM _____ TO _____

REASON(S) FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

NAME AND ADDRESS _____

3. POSITION TITLE _____

BEGINNING SALARY _____ ENDING SALARY _____

DESCRIPTION OF DUTIES _____

SUPERVISOR'S NAME(S) _____

DATES EMPLOYED: FROM _____ TO _____

REASON(S) FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

NAME AND ADDRESS _____

4. POSITION TITLE _____

BEGINNING SALARY _____ ENDING SALARY _____

DESCRIPTION OF DUTIES _____

SUPERVISOR'S NAME(S) _____

DATES EMPLOYED: FROM _____ TO _____

REASON(S) FOR LEAVING _____

MAY WE CONTACT THIS EMPLOYER? _____

NAME AND ADDRESS _____

VOLUNTARY CONFIDENTIAL SELF IDENTIFICATION

Gender	<input type="checkbox"/> M <input type="checkbox"/> F
	<input type="checkbox"/> I choose not to self-identify
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
	<input type="checkbox"/> I choose not to self-identify
Race	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other: _____
	<input type="checkbox"/> I choose not to self-identify



APPLICANT STATEMENT
PLEASE READ CAREFULLY BEFORE SIGNING

You Must Date and Sign This Applicant Statement to Be Considered For Employment

AFFIRMATION I affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

AUTHORIZATION I authorize the Company to investigate all statements contained in this application, to contact my previous employers, to contact educational institutions I attended, and to discuss with them my employment/education history with them. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion.

EXAMINATIONS Should I receive a conditional offer of employment, I agree to submit to any physical, medical and/or psychological examination. I further authorize any physician, counselor or other treater conducting such examinations to release to and discuss with the Company the results of such examinations.

ACCOMMODATIONS I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Company to attempt to make a reasonable accommodation for it. I must make my request in writing to the Controller as soon as possible, and under the Americans with Disabilities Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

DRUG/ALCOHOL TESTS I give my consent for the Company, through an authorized testing service of its choice, to collect blood, urine or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. I authorize the testing service to release to and discuss with the Company the test results and other relevant medical information. If I am accepted for employment, I also consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

AT-WILL EMPLOYMENT I understand that all employees of the Company are employed on an at-will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either the Company or me at any time, with or without cause, and with or without prior notice, warning or discipline. No person other than the President of the Company has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President of the Company.

RELEASE I release my current and former employers, the educational institutions I have attended, the physicians/counselors/treaters who examine me, the drug/alcohol testing service, the Company and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

CRIMINAL/CREDIT HISTORY In addition, depending on the position for which I am applying, I understand that the Company may request a criminal and/or credit history pertaining to me. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

WAIVER OF LIMITATIONS PERIODS In exchange for the Company considering my application for employment, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment, or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly **WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH AND AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.

Applicant Signature: _____ Date: _____



Consumer and MVR Report Consent

Consumer reports may be obtained as part of the evaluation process of my job application/employment. The reports may be procured by Lovitt & Touché or the Company and may include my driving record, as assessment of my insurability under the company's insurance coverage, or other consumer or credit reports. By signing this disclosure, I hereby authorize the company to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

Current Home Address

City	State	Zip Code
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Previous Home Address (Need Last 7 Years)	How Long Did You Live Here?
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City	State	Zip Code
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Previous Home Address	How Long Did You Live Here?
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City	State	Zip Code
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Previous Home Address	How Long Did You Live Here?
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City	State	Zip Code
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CDL?

Date of Birth	Driver's License Number	<input type="checkbox"/> Yes <input type="checkbox"/> No
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State Driver's License Issued (AZ, NM, CA, OR, TX, etc.)**Date Driver's License Issued (XX/XX/XXXX)****Date Driver's License Expires (XX/XX/XXXX)**

Printed Name**Signature**

If more space is needed for address history, continue on a blank sheet of paper.