AIM Services, Inc.
4801 W. Military Highway
Chesapeake, Virginia 23321

(757) 558-9300
(757) 558-1904 fax

EMPLOYMENT APPLICATION

AIM Services, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, sexual orientation, citizenship, or disability.

Please Print

1 Name: _____
First Middle Last

2 Address: _____
Street Address

_____
City State Zip

3 Social Security Number: _____ - _____ - _____

4 Telephone Number: _____
(Area Code) Day Phone (Area Code) Night Phone

5 Position Applied For: _____

6 Work Category: ☐ Regular Full-Time ☐ Regular Part-Time ☐ Temporary Full or Part-Time

7 Availability: ☐ Weekdays ☐ Weekends ☐ Evenings
☐ Nights ☐ Overtime

8 Do you have a current drivers license? ☐ Yes ☐ No

9 Do you have a vehicle registered in your name that you can use to get to and from work?

☐ Yes ☐ No

10 Have You Worked for AIM Before? ☐ Yes ☐ No

11 If Yes, List Dates and Reason for Leaving: _____

_____

12 Have You Applied at AIM Before? ☐ Yes ☐ No

13 If Yes, List Dates _____

_____

14 Salary Desired? _____

15 Did you graduate from high school? ☐ Yes ☐ No

16 List any additional education (college, university, trade, or business school) number of credit hours completed or degree or equivilant earned:

_____

_____

17 List any special experience, qualifications, or skills you have that you believe would help you do the job applied for:

_____

_____

18 Do you have any of the following licenses or certifications?

Virginia DPOR Asbestos License

Supervisor	☐ Expiration	_____
Worker	☐ Expiration	_____
Project Designer	☐ Expiration	_____
Inspector	☐ Expiration	_____

Virginia DPOR Lead License

Supervisor	☐ Expiration	_____
Worker	☐ Expiration	_____
Project Designer	☐ Expiration	_____
Inspector	☐ Expiration	_____

Asbestos AHERA Training Certification

40 Hour	☐ Expiration	_____
32 Hour	☐ Expiration	_____

Lead EPA Training Certificate

16 Hour	☐ Expiration	_____
32 Hour	☐ Expiration	_____

Medical Surveillance

Physical	☐ Expiration	_____
Resp. Clearance	☐ Expiration	_____
ZPP	☐ Expiration	_____

Red Cross Safety Training

First Aid	☐ Expiration	_____
Adult CPR	☐ Expiration	_____
Oxygen Admin.	☐ Expiration	_____

19 List any other DPOR or other states (NC, MD, etc.) licenses/certifications you have:

_____

_____

20 List any experience you have in operating business or industrial equipment:

_____

_____

21 Prior employment:

Company	Dates of Employment	Job Title	Pay Rate	Reason for Leaving
Name _____ Address _____ _____ Phone _____ Supervisor _____				
Name _____ Address _____ _____ Phone _____ Supervisor _____				
Name _____ Address _____ _____ Phone _____ Supervisor _____				
Name _____ Address _____ _____ Phone _____ Supervisor _____				
Name _____ Address _____ _____ Phone _____ Supervisor _____				

22 Have you ever had disciplinary problems with any of the previous employers? _____

23 Have you ever been convicted of a felony? _____

24 If yes, please explain. _____

_____

_____

Providing answers to the following two questions is strictly voluntary on your part, and is not required to compl your application for employment. Nor will providing this information or not providing this information affect yc application. Federal government regulations require AIM Services to maintain records of job applicants gender and race.

25 Gender: ☐ Male ☐ Female

26 Race: ☐ White/Caucasin ☐ Black/African-American ☐ Hispanic/Latino

☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Other

INFORMATION FOR APPLICANT

(Read Carefully Before Signing)

1 This application is valid for only thirty (30) days. If you have not been employed within thirty (30) days of your application, you must re-apply for a position.

2 By my signature below, I agree to the following:

a. I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by AIM (1) following an offer of employment and prior to commencement of work; and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans with Disabilities Act. I further authorize any health care professional who performs such an examination or other medical status to release such information to AIM.

b. I understand that any false statements or misleading omissions madeby me in connection with my application or in responding to requests for information, can be sufficient grounds for my rejection as a candidatefor employment or for my immediate discharge.

c. I understand that any employment I might be offered by AIM is at-will and of indefinate duration, and that either I or AIM can terminate that employment at any time with or without notice for any or no reason, and that no agreement to the contrary will be recognized by AIM unless made in writing and signed by the Chief Operating Officer of AIM Management. I understand that satisfactory completion of my probationary period will not change my status as an at-will employee.

d. I understand that none of AIM's practices or policies are to be construed as imposing any binding obligations on the Company, and that they are subject to change or deletion at any time.

e. I hereby authorize AIM to obtain from schools, former employers, or other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job which I have applied.

I have read this Employment Application and I fully understand its contents.

RELEASE AUTHORIZATION

I also hereby authorize any employer, law emforcement agency, administrator, state agency, institution or private information bureau that has any record or knowledge of workers compensation claims, motor vehicle operation history, or criminal history to provide AIM any such information. A telephonic facsimile (FAX) or a photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency.

According to the Fair Credit Reporting Act, I am entitled to know if insurance or employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. I will also be advised and be given the names of the reporting agency or source of information.

Date _____ Signature of Applicant _____

Full Name (Type or Print - First Name, Middle Name, Last Name) _____

Social Security Number _____ Drivers License Number _____ State License Issued _____