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# Application For Employment

(Please Print or Type)

"We are an equal opportunity employer. We do not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis protected by local, state or federal law, including a person's age, sex, race, creed, national origin, religion, disability, or veteran status. Applicants for positions with the Company must completely fill out this application to be considered for employment. No applicant will be considered for employment solely on the basis of a resume. Do not volunteer any information not requested on the application. This application will remain active for 60 days only. If you are not contacted by a Company representative within 60 days and still wish to be considered for a position, you must fill out and submit another application."

## I. Personal Information

Name					
	Last	First	Middle		
Address					
	Street	City	State	Zip	
Phone					
	Home	Cell	Other		
Social Security Number					
E-mail Address					

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization in compliance with the U.S. Department of Justice within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Position \_\_\_\_\_ Date \_\_\_\_\_

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify: \_\_\_\_\_
2. Do you have any relatives who are presently (or have formerly been) employed by the Company? (If yes please provide name(s): \_\_\_\_\_
3. Are you prevented from becoming lawfully employed in the United States because of your VISA or immigration status? \_\_\_\_\_
4. How were you referred to our Company? \_\_\_\_\_
5. Do you have reliable means of transportation? \_\_\_\_\_

**II. Employment Record (Please include all employment for the past five (5) years)**  
 (start with the most current employer and position)

Start:	End:	Company Name:	Phone:
Supervisor:		Address:	City/State
Position:		Describe Work:	
Last Wage:		Reason for Leaving:	
Start:	End:	Company Name:	Phone:
Supervisor:		Address:	City/State
Position:		Describe Work:	
Last Wage:		Reason for Leaving:	
Start:	End:	Company Name:	Phone:
Supervisor:		Address:	City/State
Position:		Describe Work:	
Last Wage:		Reason for Leaving:	
Start:	End:	Company Name:	Phone:
Supervisor:		Address:	City/State
Position:		Describe Work:	
Last Wage:		Reason for Leaving:	
Start:	End:	Company Name:	Phone:
Supervisor:		Address:	City/State
Position:		Describe Work:	
Last Wage:		Reason for Leaving:	

Note: If necessary please use a separate sheet of paper to list additional employers. We will contact all of the employers listed on this application. Please list below if you do not wish us to contact your current employer.

May we contact your current employer for a reference? \_\_\_\_\_

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### III. Educational History

School Name

Years Completed

Diploma/Degree

Elem/Jr. High	
High School	
College	
Other	

### IV. References

(please do not include relatives or former employers)

Name:	
Address:	
City/State	
Phone:	
Years Known:	Occupation:

Name:	
Address:	
City/State	
Phone:	
Years Known:	Occupation:

### V. Work Availability

1. If your application receives favorable consideration, when are you able to begin work?  
\_\_\_\_\_
2. Are you able to meet the attendance requirements of the position? \_\_\_\_\_
3. Do you have any objection to working in excess of 40 hours per week? \_\_\_\_\_
4. Can you work over forty (40) hours per week without prior notice? \_\_\_\_\_
5. Can you work over eight (8) hours per day without prior notice? \_\_\_\_\_
6. Can you work on Saturday? \_\_\_\_\_
7. Can you work on Sunday? \_\_\_\_\_

### VI. Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$\_\_\_\_\_ per \_\_\_\_\_

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## VII. Verification

**Please read this section carefully and acknowledge your understanding by signing your name in the space below.**

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge. I authorize investigation of all statements contained in this Application for employment as may be necessary in arriving at an employment decision. I understand that, if I am employed, any statements that I have falsified on this Application shall be grounds for immediate dismissal. I also understand that, if employed by the Company, I am required to abide by all of the Company's rules and regulations.

### 1. Consent to Conduct Background Investigation

As a condition of an in consideration for the Company's consideration of this application, I give permission to the Company to investigate my personally and employment history. I understand that this background investigation will include, but not limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to the Company to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

### 2. Consent to Contact Past Employers

I give permission to the Company to contact all employers listed on this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the Company. I consent to release of such information whether orally or in writing. I hereby indemnify and release the Company and any persons providing or receiving such information from all liability and agree not to bring any legal action for defamation, invasion of privacy, or any other claims based upon any statement made to anyone at the Company regarding me.

### 3. Consent to Contact Government Agencies

I give permission to any agent, attorney or representative of the Company to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information.

### 4. Cooperation with Investigation

I agree to fully cooperate in the Company's background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information.

### 5. Application Considered for Sixty (60) Days

This employment application will be considered active for sixty (60) days from the date below. If I want to be considered for a job with the Company after this period of time, I must complete and submit another application.

### 6. Medical Examination

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that if I am employed by the Company, I may be required, when job-related and consistent with the Company's business needs, to undergo a medical examination or testing for drugs or alcohol.

### 7. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient ground for rejection of this application, or if discovered after an offer of employment, for immediate dismissal.

### 8. Employment "At Will"

Employment "At Will" I understand that if I am hired by the Company, my employment is "at will" - meaning that it is for no definite period of time and can be terminated by me or by the Company, with or without cause or notice, at any time. I also understand that no representative of the Company, other than the President, has the authority to enter an agreement with me contrary to the foregoing, and I understand that any agreement that the President might enter with me contrary to the foregoing must be in writing to be enforceable. I also understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains a similar right.

### 9. Venue of Medina County, Ohio

I agree that any dispute, claim or controversy which may arise between me and the Company with regard to this Application for Employment, or with regard to my employment by the Company if hired, including any claim that I was not hired or that I was disciplined or discharged as a result of my age, sex, color, race, creed, national origin, religious persuasion, or disability or in violation of Ohio Law, shall be brought and heard in Medina County, Ohio. The employee consents to said venue in virtue of executing this application.

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Applicant's Signature

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Date

## AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION

### WAIVER

I hereby authorize Cornerstone Innovations, Inc., to obtain motor vehicle reports, police and law enforcement agency reports, references, credit reports, consumer reports, investigative consumer reports, medical information, school records, and other information about me, which may include information obtained from prior employers, personal references, knowledgeable acquaintances, neighbors and friends as to my character, general reputation, job performance, personal characteristics and mode of living. This information is being obtained in compliance with the Fair Credit Reporting Act.

I release such persons, businesses, corporations, institutions, medical establishments, local, state, federal law enforcement agencies and all government agencies from any and all liability of any type as a result of providing the above mentioned information to Cornerstone Innovations, Inc., or their authorized agents.

I hereby release and discharge Cornerstone Innovations, Inc., their employees, agents, successors and assigns, from any liability that may arise out of the investigation of my background as set forth herein.

I have read and understand this release/waiver in its entirety, and have authorized Cornerstone Innovations, Inc., to obtain records and information listed in this release/waiver.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

FULL NAME: \_\_\_\_\_ (Maiden Name) \_\_\_\_\_  
(Please Print)

Current Address: \_\_\_\_\_

\_\_\_\_\_

Social Security No: \_\_\_\_\_

Driver's License No: \_\_\_\_\_

State: \_\_\_\_\_

Counties lived in California past 7 years: \_\_\_\_\_



***Disclosure under Fair Credit Reporting Act and Consent to Procurement of Motor Vehicle  
Report for Employment Purposes Form***

The undersigned hereby authorizes CKP Heating & Cooling LLC or its insurance agency AssuredPartners of Ohio LLC, or its assigns, to obtain copies of Motor Vehicle Reports, which may be classified as a consumer report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance for which the above-named employer may apply and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used, and I do hereby authorize such use.

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

License Number and State: \_\_\_\_\_

Employer should retain these records for a MINIMUM of TWO years after: 1) employment ends or 2) the last year in which a Motor Vehicle Record was ordered, as part of the record keeping requirements under the FCRA.

A copy of the "Summary of Consumer Rights" must be provided in the case of an adverse decision based on the report obtained.

*RETURN COMPLETED FORM TO AssuredPartners of Ohio, LLC, Paul Cruciani,  
paul.cruciani@AssuredPartners.com or (F) (330) 498-9946.*

# Employee Direct Deposit Application

Employee Name	Social Security Number
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Client Name (employee work site)
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I would like my wages/salary deposited to the following bank account(s):	
<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>  Bank Name _____ <input type="checkbox"/> Entire Net Pay  Routing Number: _____  Account Number: _____  Specific Dollar Amount \$ _____  Attach an <u>original</u> voided check. Photocopies, faxes or deposit tickets not accepted.	<input type="checkbox"/> <b>Checking</b> <input type="checkbox"/> <b>Savings</b>  Bank Name _____ <input type="checkbox"/> Entire Net Pay  Routing Number: _____  Account Number: _____  Specific Dollar Amount \$ _____  Attach an <u>original</u> bank letter specification sheet. Photocopies, faxes or deposit tickets not accepted.

<input type="checkbox"/> <u>ADP Wisely Paycard</u>
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I authorize my employer, Diversified Employee Solutions, Inc. (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits any funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that ADP directly deposit my wages/salary earned from my employer, into my bank account.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:</li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.