

EMPLOYMENT APPLICATION

Thank you for considering Carrier Transicold of Utah, Inc. ("Carrier ") as a possible employer. Your thorough and accurate answers to the following questions will help us to evaluate your qualifications for a position with us. Please print, except for your signature on the back of the application form.

Carrier is an equal opportunity employer. Prospective employees will receive consideration without discrimination based upon race, color, religion, gender, age, marital status, national origin, disability, veteran status, or any other classification protected by law. Neither does Carrier discriminate against anyone who is associated with or related to a person who falls into any protected category.

Carrier is a drug-free workplace. Prospective applicants may be required to submit to a screen test for illegal drugs in connection with consideration for employment. By completing and submitting this application, you consent to submit to a screen test for illegal drugs. A copy of Carrier's Drug and Alcohol Testing Policy is available for your review upon request.

PERSONAL DATA

(Please type or print)

Date	Last Name	First	Middle	Social Security No.
Address		City	State	Zip
Area Code/Telephone				
Are you at least 18 years of age?	If hired, can you furnish proof that you are eligible to work in the United States?		Date available for work	
What position are you applying for?	Salary Expected		Present Income	
Have you previously applied for employment at Carrier?		If yes, when?		
Have you previously been employed by Carrier?		If yes, when?		
Who referred you to Carrier?		Name of relatives or friends in our employ.		

EDUCATION

(Applicants may be asked to furnish transcripts of school or college work)

	From		To		Graduation Date	Degree Received - Major and Minor Subjects, GPA
	Mo.	Yr.	Mo.	Yr.		
High School						
College or University						
Graduate School						
Special Schooling - Business or Vocational						
Scholastic Honors, Scholarships, etc.						
Offices in Campus Societies or Organizations (omit ethnic or religious groups)						

EMPLOYMENT HISTORY

(List full-time work only, attach additional sheet if necessary. Start with most recent position. Please complete entire section. "See Resume" will **NOT** be accepted.)

Employer		Address (City and State)		Phone Number ()
Date Started	Starting Salary/wage	Starting Position		
Date Ended	Ending Salary/wage	Position at Leaving		
Name and Title of Supervisor		Reason for Leaving		
Brief description of your responsibilities				

Employer		Address (City and State)	Phone Number ()
Date Started	Starting Salary/wage	Starting Position	
Date Ended	Ending Salary/wage	Position at Leaving	
Name and Title of Supervisor		Reason for Leaving	
Brief description of your responsibilities			

Employer		Address (City and State)	Phone Number ()
Date Started	Starting Salary/wage	Starting Position	
Date Ended	Ending Salary/wage	Position at Leaving	
Name and Title of Supervisor		Reason for Leaving	
Brief description of your responsibilities			

GENERAL INFORMATION

Are you able to perform the essential functions of the job for which you are applying as they have been described to you either with or without accommodation?
Have you ever been convicted of a crime other than a minor traffic violation? If yes, state the offense and the date and place of conviction.
Are you willing to submit to a screen test for illegal drugs?

ADDITIONAL DATA

Office equipment, office machines, data processing equipment and software with which you are familiar.		
Typing Speed	Shorthand Speed	Familiarity or language proficiencies other than English.

PROFESSIONAL REFERENCES

(If none, list personal references)

Name	Address	Phone Number ()	Years known
Occupation			
Name	Address	Phone Number ()	Years known
Occupation			
Name	Address	Phone Number ()	Years known
Occupation			

1. I certify that all statements contained in this application or made in conjunction with it are true and correct. I understand that any misrepresentation or omission of facts requested is grounds for disqualification from employment or termination from employment if I am hired.

2. I understand that this application for employment does not in any way constitute an offer of employment or a contract of employment. Employment with Carrier is not by contract express or implied. Furthermore, should I be employed I understand that my employment is for no definite duration but is on an "at will" basis and no representative of Carrier has the authority to make any assurances to the contrary.

3. I give Carrier the right to investigate all references and the right to secure additional information about me including the right to obtain investigative reports made through consumer reporting agencies. Furthermore, I authorize all my current and former employers, school officials, instructors, or any other persons whether or not named in this application to give Carrier any information they may have regarding me, whether or not such information is in their written records. I release Carrier and its representatives from any liability for any damages whatsoever resulting from their requesting reference information regarding me. I release those companies, agencies and individuals supplying reference information from any liability for any damages whatsoever resulting from the giving of such information to Carrier.

4. I certify that I have read the job description (or, in the absence of a job description, the essential functions of the job have been described to me) which sets forth the essential functions of the job for which I have applied.

5. I understand that Carrier's policies and procedures do not constitute a contract of employment. I agree to read and familiarize myself with all written employment guidelines.

6. I understand that this application is current for sixty (60) days following the date entered below. At the conclusion of the sixty (60) days, if I have not heard from Carrier and still wish to be considered for employment, I will fill out a new application.

My signature below certifies that I have read and understand the above six (6) paragraphs.

SIGNATURE

Date

Thank you for your interest in employment with Carrier.

AN EQUAL OPPORTUNITY EMPLOYER

PERSONNEL USE ONLY

Date: _____

Interviewer: _____ Reference Check: _____

Recommendation: _____ Comments: _____