

NCASI Employment Application

National Council for Air and Stream Improvement, Inc.

THIS APPLICATION IS NOT INTENDED TO CREATE AN EMPLOYMENT CONTRACT. THE EMPLOYMENT RELATIONSHIP BETWEEN NCASI AND ALL EMPLOYEES WILL REMAIN AT-WILL.

If you need any accommodation to complete this application or during any stage of the selection process, please make your request to the Vice President, Business Affairs at 919/941-6410 or tgarren@ncasi.org. Note that "See Resume" is not an acceptable answer to any question on this form.

GENERAL INFORMATIO)N											
Last Name	First Name	Name Middle Name						Social Security Number				
Present Address (Street, City	e)				Present Phone							
Position Desired	Work Location	on Restrictions (if any) Date Available			ole	Email Address						
Name & Location of High S School, College, or Un		Major Cou	rse of Study	De	Degree Earne		Grade Point Average, A=4.0					
Honors, Activities, and Profe	ssional Societie	s (give positio	ons held)									
Other Information (Community Activities, Hobbies, Interests)												
If hired, can you document the EMPLOYMENT INFORM	ly permitted to	permitted to work in the United States?			Yes 1	es No						
Work Experience (Name and Address of		Name and Title of Supervisor		Job Title or Description of Worl			Dates Employed					
Employer)							rom	То				

MILITARY											
Present Selective Service Status	Military Duty	Branch		From	То						
Previous Service	Rank	Experi	ience	From	То						
Branch											
REFERENCES (Names, Addresses, Phone Numbers)											
1.											
2.											
3											
ACKNOWLEDGEMENT	Γ										
The above information is true and complete to the best of my knowledge. I understand that any misrepresentation or omission on this application may preclude an offer of employment, or may result in my discharge from employment if I am already employed at the time the misrepresentation or omission is discovered. I understand that if the National Council for Air and Stream Improvement, Inc. (NCASI) hires me, my employment will be <i>at-will</i> , meaning that either I or NCASI can terminate it at any time for any reason. I authorize NCASI to make inquires to verify my suitability for employment, check the above references, and verify my work history. I hereby release NCASI and all individuals it contacts from any liability or damages incurred arising from, making, or responding to such inquiries. I hereby consent to allow the taking of a specimen of my hair, urine, or blood and submit it for a pre-employment drug test screen as required by NCASI. I further consent to allow the laboratory testing service to make test results of such screen available to NCASI. I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received from NCASI or termination of employment, depending on when the results are received. In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against NCASI, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS NCASI, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonab											
Signed			Date								
NCASI is an equal opp of merit regardless of r mental disability which	ortunity employer. All q ace, sex, age, color, natio can be reasonably accor	ualified onal ori mmoda	d applicants receive equal considering the second considering considering the second considering considering the second considering considerin	deration on status, phys a, or genetic	sical or c history,						