



# **CARRIER TRANSICOLD MID-ATLANTIC**

## **Online Application – Short Form**

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Job Applied For:

Years Experience in Job Applied For:

Name:

Address:

Phone Number:

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### **Mail or FAX your completed application to:**

Carrier Transicold Mid-Atlantic  
P.O. Box 480068  
9601 Metromont Inds., Blvd.  
Charlotte, NC 28269

Phone: 800-347-0528  
Fax: 704-599-6650

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#### **\*To Applicant:**

We deeply appreciate your interest in our organization and you will soon be contacted by one of our Team members. We assure you we are sincerely interested in your qualifications and that you are always welcome to E-mail us your resume or to stop by one of our locations to pick up an Application for Employment packet. A clear understanding of your background and work history will aid us in placing you in the position which best meets your qualifications.