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## APPLICANT INSTRUCTIONS

This application form is intended for use in evaluating your qualifications for employment. *This is not an employment contract.* *Answer all questions completely and accurately.* False or misleading statements during the interview or on this application will result in the termination of the application process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without regard to sex, marital status, race, age, creed, national origin or the presence of disabilities.

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### PERSONAL INFORMATION – PLEASE PRINT

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

AREA CODE & TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL #(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU 18 OR OLDER? \_\_\_\_\_ (IF NO, A WORK PERMIT WILL BE REQUIRED) ARE YOU LEGALLY ELIGIBLE

FOR EMPLOYMENT IN THE UNITED STATES? \_\_\_\_\_ IF HIRED, CAN YOU FURNISH PROOF? \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US OR BY AN AFFILIATE OF THIS FIRM? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHEN AND WHERE? \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES WORKING FOR US: \_\_\_\_\_

HOW WERE YOU REFERRED TO US? \_\_\_\_\_

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### AVAILABILITY

MANY POSITIONS REQUIRE SOME WORK ON SATURDAYS, SUNDAYS, HOLIDAYS AND EVENINGS WITH SOME REASONABLE ACCOMMODATION. CAN YOU WORK SUCH A SCHEDULE? \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_

FULL-TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ TEMPORARY \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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### SECURITY

HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING THEFT, EMBEZZLEMENT, PHYSICAL VIOLENCE OR MORALS? \_\_\_\_\_ IF YES, PROVIDE DETAILS \_\_\_\_\_

HAVE YOU EVER USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN RECORDED ABOVE?  
\_\_\_\_\_ YES \_\_\_\_\_ NO IF SO, LIST HERE: \_\_\_\_\_

LIST ALL STATES AND COUNTIES OF RESIDENCE FOR THE PAST SEVEN YEARS

\_\_\_\_\_

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**EDUCATION**

DID YOU GRADUATE HIGH SCHOOL? \_\_\_\_\_ WHAT IS THE HIGHEST GRADE YOU COMPLETED? \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

DID YOU ATTEND COLLEGE / UNIVERSITY ? \_\_\_\_\_ DEGREE \_\_\_\_\_ GPA \_\_\_\_\_

SEMESTER / QUARTER HOURS COMPLETED \_\_\_\_\_ MAJOR \_\_\_\_\_

NAME OF COLLEGE / UNIVERSITY \_\_\_\_\_ ADDRESS \_\_\_\_\_

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**JOB RELATED SKILLS**

LIST LANGUAGES IN WHICH YOU ARE FLUENT \_\_\_\_\_

DO YOU POSSESS A VALID DRIVERS LICENSE? \_\_\_\_\_ TYPE \_\_\_\_\_ STATE \_\_\_\_\_ DL # \_\_\_\_\_

PLEASE LIST ANY OTHER SKILLS, LICENSES, OR CERTIFICATES THAT MAY BE JOB RELATED OR THAT YOU FEEL WOULD BE OF VALUE TO US \_\_\_\_\_

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**PAST EMPLOYMENT**

NAME OF MOST RECENT EMPLOYER \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

AREA CODE / TELEPHONE # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ JOB TITLE/POSITION \_\_\_\_\_

DUTIES \_\_\_\_\_

DATE OF HIRE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF SEPARATION \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR SEPARATION \_\_\_\_\_

NAME OF 2ND MOST RECENT EMPLOYER \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

AREA CODE / TELEPHONE # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ JOB TITLE/POSITION \_\_\_\_\_

DUTIES \_\_\_\_\_

DATE OF HIRE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF SEPARATION \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR SEPARATION \_\_\_\_\_

NAME OF 3RD MOST RECENT EMPLOYER \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

AREA CODE / TELEPHONE # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ JOB TITLE/POSITION \_\_\_\_\_

DUTIES \_\_\_\_\_

DATE OF HIRE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF SEPARATION \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR SEPARATION \_\_\_\_\_

**EMPLOYMENT (CONT.)**

NAME OF 4TH MOST RECENT EMPLOYER \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

AREA CODE / TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ JOB TITLE/POSITION \_\_\_\_\_

DUTIES \_\_\_\_\_

DATE OF HIRE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF SEPARATION \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR SEPARATION \_\_\_\_\_

NAME OF 5TH MOST RECENT EMPLOYER \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

AREA CODE / TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ JOB TITLE/POSITION \_\_\_\_\_

DUTIES \_\_\_\_\_

DATE OF HIRE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF SEPARATION \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR SEPARATION \_\_\_\_\_

NAME OF 6TH MOST RECENT EMPLOYER \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

AREA CODE / TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ JOB TITLE/POSITION \_\_\_\_\_

DUTIES \_\_\_\_\_

DATE OF HIRE \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF SEPARATION \_\_\_\_/\_\_\_\_/\_\_\_\_ SUPERVISOR \_\_\_\_\_

REASON FOR SEPARATION \_\_\_\_\_

**MILITARY SERVICE**

BRANCH OF SERVICE \_\_\_\_\_ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TILL \_\_\_\_/\_\_\_\_/\_\_\_\_ RANK \_\_\_\_\_

MILITARY OCCUPATION \_\_\_\_\_ DUTIES \_\_\_\_\_

**CHARACTER REFERENCES**

DO NOT REFER TO CASUAL ACQUAINTANCES, PREVIOUS EMPLOYERS OR RELATIVES. REFER TO THREE PEOPLE WHO YOU KNOW REALLY WELL EITHER PERSONALLY OR IN BUSINESS.

1) NAME \_\_\_\_\_ AREA CODE / TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

2) NAME \_\_\_\_\_ AREA CODE / TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

3) NAME \_\_\_\_\_ AREA CODE / TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

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**NOTICE**

In connection with my application for employment, I understand that an investigative consumer report may be conducted that may include information as to my character, work habits, performance and experience along with reasons for my termination of past employment from other employers.

Further, I understand that information may be requested concerning my prior worker's compensation claims, motor vehicle driving record, credit and criminal history from various public and private sources. Note: Worker's compensation information will only be requested and used in compliance with ADA and / or any other applicable laws.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my respective employer from a consumer-reporting agency.

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**AUTHORIZATION & RELEASE**

I hereby authorize and release from any and all liability, without reservation, any law enforcement agency, administrator, municipal, county, state or federal agency, institution, information services bureau, employer, past employers, or any other organization possessing information about me, to cooperate and furnish such information in connection with my application for employment with the Company.

I further agree that a telephonic facsimile (FAX) or photographic copy of this authorization shall be valid as the original and sufficient to cause such release.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

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**UNDERSTANDING**

Upon signing this application, I represent that all the information now or hereafter given by me in support of my application is true and complete. **I authorize the Company to verify any and all information.**

In consideration for wages received during my employment, **I hereby assign to the Company, all rights to any patents or copyrights obtained as a result of my work for the Company.** I agree that the Company has exclusive right to use and assign any such patents or copyrights and to establish related licensing agreements as deemed necessary for its best interest.

I agree that any false or misleading information provided in support of my application may subject me to discharge at any time during my employment.

I agree that, **if hired, I will become an at will employee** and that either party may terminate the employment relationship, with or without cause at any time, and **I further agree that this arrangement may only be altered in writing** directed to me personally and signed by the president of the Company.

I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of this Company as they are from time to time changed, and **no additional obligations can be imposed on the Company except those, which have been acknowledged in writing, by the president.**

**I hereby authorize the Company to deduct from each and every period of my pay,** any amounts necessary to offset damages caused by me for the value of property or money entrusted to me by, or owed by me to the Company during the course of my employment.

I agree that any action or suit against the Company arising out of my employment, or termination of employment, including, but not limited to claims arising under State or Federal statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. **I further agree that if I should bring any action or claim arising out of my employment against the Company and the Company prevails, I will pay to the Company any and all costs incurred by them defense of said claims, or actions, including attorney fees.**

I further agree that my employment is conditional until such time as the results of my pre-placement physical, if any, is known, and that **I will submit to random drug and alcohol testing throughout my employment as a condition of my continued employment.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

AHM-WS