

APPLICATION FOR EMPLOYMENT



Date: _____

PERSONAL INFORMATION

NAME: _____
Last First Middle Initial

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

REACHABLE PHONE: DAY () _____ EVENING () _____

E-MAIL: _____

ARE YOU 18 YEARS OR OLDER? YES / NO

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? YES / NO
(IF HIRED YOU WILL BE REQUIRED TO SUBMIT PROOF OF YOUR IDENTITY AND LEGAL WORK AUTHORIZATION AS A CONDITION OF EMPLOYMENT WITHIN 3 BUSINESS DAYS.)

EMPLOYMENT INFORMATION

POSITION DESIRED: _____ DATE AVAILABLE TO START: _____

SALARY EXPECTATIONS: \$ _____ HOURS DESIRED PER WEEK: _____

TYPE OF EMPLOYMENT: FULL TIME PART TIME

WHAT SHIFT ARE YOU AVAILABLE TO WORK? 1ST. (8am-4pm) 2ND. (3pm-11pm) 3RD. (Overnight)

WORK AVAILABILITY? MON. TUES. WED. THURS. FRI. SAT. SUN.

WERE YOU REFERRED TO THIS POSITION BY A CURRENT COLLEAGUE? YES NO

IF YES, NAME: _____

HAVE YOU EVER WORKED FOR AMERICAN TRAINING, INC AT ANY OF OUR FACILITIES IN ANY CAPACITY, INCLUDING RELIEF FROM AN OUTSIDE AGENCY? YES NO

IF YES, WHERE AND POSITION: _____

CAN YOU MEET THE ATTENDANCE REQUIREMENTS OF THIS JOB? YES NO

DO YOU HAVE STEADY TRANSPORTATION TO WORK? YES NO

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMODATION? _____

EDUCATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES / NO

IF YES, FULL NAME OF SCHOOL: _____

COLLEGE DEGREE? YES / NO

TYPE OF DEGREE AND MAJOR: _____

COLLEGE NAME(S): _____

PLEASE DESCRIBE ANY JOB RELATED SKILLS OR TRAINING NOT MENTIONED ABOVE: _____

EMPLOYMENT HISTORY

PLEASE COMPLETE THE FOLLOWING INFORMATION BEGINNING WITH THE MOST CURRENT EMPLOYER.

EMPLOYER 1: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

COMPANY ADDRESS / PHONE NUMBER: _____

MAY WE CONTACT? YES / NO

EMPLOYER 2: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

COMPANY ADDRESS / PHONE NUMBER: _____

MAY WE CONTACT? YES / NO

EMPLOYER 3: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

DATES OF EMPLOYMENT: _____

REASON FOR LEAVING: _____

COMPANY ADDRESS / PHONE NUMBER: _____

MAY WE CONTACT? YES / NO

REFERENCES

PLEASE COMPLETE ALL SECTIONS BELOW.

1ST PROFESSIONAL REFERENCE

SUPERVISORY REFERENCE, (EITHER CURRENT OR FORMER)

NAME: _____

COMPANY: _____

PHONE NUMBER: _____

2ND PROFESSIONAL REFERENCE

SUPERVISOR OR CO-WORKER REFERENCE, (EITHER CURRENT OR FORMER)

NAME: _____

COMPANY: _____

PHONE NUMBER: _____

3RD REFERENCE - GENERAL

BUSINESS OR PERSONAL – NO FAMILY MEMBERS PLEASE!

NAME: _____

COMPANY: _____

PHONE NUMBER: _____

An Equal Opportunity & Drug Free Employer: Applications are received and employees are hired without regard to race, creed, color, sex, sexual orientation, genetic information, religion, age, national origin, marital status, physical or mental handicap, disability, and veteran status. The receipt of this application does not mean that job openings exist and does not obligate us in any way. We appreciate your interest in our organization.

I have provided a truthful and complete response to all inquiries in the application and understand that discovery of any falsification or omission may constitute grounds for immediate dismissal. I authorize you to obtain, use and rely upon information in relation to my application. I authorize American Training, Inc. and its agents to perform a thorough investigation of all matters addressed in my employment application, including my educational and employment history, and to, among other things, contact previous employers including supervisors, educational institutions, character references, and to investigate my credit history (as well as driving record if applicable) and criminal court records for any felony convictions. In this regard, I hereby authorize the release of such information to American Training, Inc. and its agents retained by any person, company, institution, and corporation, agency, state or federal. If employed by American Training Inc., I will abide by its rules and regulations, which I understand are subject to change by the Company. I agree to cooperate fully in any Company investigation including, without limitation, any investigation of the information contained in this application, or, if I am hired, any investigation relating to my employment.

PLEASE READ CAREFULLY AND SIGN BELOW

Employment At-Will: I understand that employment at this organization is "at-will," and includes no guarantee, contract, or promise of employment for any specified length of time. Without limiting the foregoing or the Company's right to terminate my employment at any time for any reason, or no reason at all, I understand and agree that violation of any rule or regulation is grounds for immediate discipline up to and including discharge.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant _____

Date _____