



# EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

APPLICANT INFORMATION			
Name <i>(First Name, Middle Initial, Last Name)</i>		Social Security Number	Date
Home Address			
Mailing Address <i>(if different from above)</i>		Email Address	
Mobile Number	Home Number	Work Number	Driver's License Number
If hired, can you furnish proof of age? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have relatives who work for ASC? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, provide Name and Relationship:	

GENERAL EMPLOYMENT INFORMATION / JOB INTEREST	
Position(s) Applied For	Date Available for Employment
Starting Salary Desired \$	Type of Employment Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship
Will you work overtime, including weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	Can you travel if a job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an application with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give dates <i>(Month/Year)</i> :	
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, why are you considering leaving?
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How did you learn about ASC? <input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Relative: _____	
<input type="checkbox"/> Friend: _____	
<input type="checkbox"/> Other: _____	

## EMPLOYMENT RECORD

<b>1</b> Employer Name:	Telephone Number(s)	Date of Employment From: _____ <small>(Month/Day/Year)</small>	May we contact this employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Immediate Supervisor Name & Title:	To: _____ <small>(Month/Day/Year)</small>	
Position/Title:		Starting Salary \$	Ending Salary \$
Summarize the nature of work performed and job responsibilities (please note if listed on a separate resume): _____ _____ _____			
Reason for Leaving:			

<b>2</b> Employer Name:	Telephone Number(s)	Date of Employment From: _____ <small>(Month/Day/Year)</small>	May we contact this employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Immediate Supervisor Name & Title:	To: _____ <small>(Month/Day/Year)</small>	
Position/Title:		Starting Salary \$	Ending Salary \$
Summarize the nature of work performed and job responsibilities (please note if listed on a separate resume): _____ _____ _____			
Reason for Leaving:			

<b>3</b> Employer Name:	Telephone Number(s)	Date of Employment From: _____ <small>(Month/Day/Year)</small>	May we contact this employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Immediate Supervisor Name & Title:	To: _____ <small>(Month/Day/Year)</small>	
Position/Title:		Starting Salary \$	Ending Salary \$
Summarize the nature of work performed and job responsibilities (please note if listed on a separate resume): _____ _____ _____			
Reason for Leaving:			

<b>4</b> Employer Name:	Telephone Number(s)	Date of Employment From: _____ <small>(Month/Day/Year)</small>	May we contact this employer for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Immediate Supervisor Name & Title:	To: _____ <small>(Month/Day/Year)</small>	
Position/Title:		Starting Salary \$	Ending Salary \$
Summarize the nature of work performed and job responsibilities (please note if listed on a separate resume): _____ _____ _____			
Reason for Leaving:			

## EDUCATION RECORD

Name:& Location	Major & Minor	# of Years Completed	Did you graduate?	Grade Average
HIGH SCHOOL OR GED			<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS / TRADE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE STUDIES			<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER (Specify)				

## CERTIFICATIONS, SKILLS, ACCOMPLISHMENTS

Professional Licenses / Certificates	Number	State	Expiration

Have you ever had a professional license or certification suspended, restricted, revoked, or not renewed for cause?  YES  NO

If YES, please attach a detailed explanation of circumstances.

Describe skill not listed on the previous page which you have that would further qualify you for the position:

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List any memberships in professional or civic organizations, special accomplishments, awards, honors, etc:

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What foreign languages do you speak, read and/or write?

1. \_\_\_\_\_ **SPEAK:**  Fluent  Good  Fair **READ:**  Good  Fair **WRITE:**  Good  Fair
2. \_\_\_\_\_ **SPEAK:**  Fluent  Good  Fair **READ:**  Good  Fair **WRITE:**  Good  Fair
3. \_\_\_\_\_ **SPEAK:**  Fluent  Good  Fair **READ:**  Good  Fair **WRITE:**  Good  Fair

## MILITARY SERVICE

Are you presently employed in the U.S. Military Service? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what type of education, training and work experience relevant to the job did you receive while in the military?
Are you a dependent of an individual employed in the Military? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what is your spouse's length of duty at his/her present assignment?

## PERSONAL REFERENCES

List three (3) business/work references who are not related to you and are not previous supervisors whom you have know for five (5) years or more. If not applicable, list school or personal references who are not related to you whom you have know for five (5) years or more.

Name	Occupation	Contact Number (s)	Years Known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## CERTIFICATION

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 90 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without just cause and with or without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

**I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND AND ACCEPT ALL TERMS OF THE FOREGOING.**

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date