



EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

- 1) If you need help filling out this application, please notify the person that gave you this form.
- 2) **You will not be considered for employment unless this application is completely filled out.**
- 3) Complete both sides of this form. Print clearly.
- 4) Please read "APPLICANT NOTE".

NAME: _____
(LAST, FIRST, M.I.)

HOME PHONE: _____ CELL PHONE: _____

PERSONAL EMAIL: _____

CURRENT ADDRESS: _____
(ADDRESS, CITY, ST ZIP)

PRIOR ADDRESS: _____
(ADDRESS, CITY, ST ZIP)

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during any part of the application process are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive considerations without discrimination because of sex, marital status, race, age, creed, religion, national origin, veteran status or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of essential functions and for the presence of drugs in your body may be required prior to and during employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. You will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company. If you need more space on any part of this application, please ask for a sheet of paper.

AVAILABILITY

Do you have the legal right to work in the United States? Yes No

For which position are you applying? _____

How were you referred to AmeriResource? _____

Have you ever worked for this company before? Yes No Give dates: _____ What day can you start? _____

Have you ever worked for an employment agency before? Yes No If so, which one(s)? _____

Which do you prefer? Full-time Part-time Temp Which shifts? 1st 2nd 3rd PT

Can you work weekends or overtime? Yes No

EDUCATION

Please circle the highest grade completed: 7 8 9 10 11 12 13 14 15 16 16+

NAME	ADDRESS/PHONE	GRADUATE?
HIGH SCHOOL		
OTHER		

EMERGENCY CONTACTS

In case of emergency contact:

1		2	
Name	Phone #	Name	Phone #
Relationship	City/State	Relationship	City/State

SECURITY

List states and counties of residence for the past seven years: _____

Yes No Have you used any names or Social Security Numbers other than those on this page? _____

Yes No Have you been convicted of a felony and/or served time in the past ten years? If so, please describe below.
(In accordance with company policy this information will be reviewed for number, nature and job relatedness.
Convictions will not necessarily disqualify the applicant.)

INCIDENT/DATE	CITY/STATE	CHARGE

JOB-RELATED SKILLS

Please list any skills, licenses or certificates that may be job-related or that you feel would be of value to

this job or company: _____

Yes No If the job requires, do you have the appropriate valid driver's license?

DL#: _____ Type: _____ State of Issue: _____

Yes No Have you had any moving violations? Please describe: _____

EMPLOYMENT REFERENCES

Your application will not be considered unless every question is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are critical. For any self-employed times, give the name of a client or owner for whom you worked, with telephone number(s) and date(s). **Please list all previous employment from the past ten (10) years.** If you run out of space, please list any others on a separate sheet of paper.

MOST RECENT EMPLOYER

Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

COMPANY NAME _____ CITY _____ STATE _____ PHONE NUMBER _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR'S NAME _____
SALARY _____ PER _____
(HR, WK, MO) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____ PHONE NUMBER _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR'S NAME _____
SALARY _____ PER _____
(HR, WK, MO) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____ PHONE NUMBER _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR'S NAME _____
SALARY _____ PER _____
(HR, WK, MO) REASON FOR LEAVING _____

FOURTH MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____ PHONE NUMBER _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR'S NAME _____
SALARY _____ PER _____
(HR, WK, MO) REASON FOR LEAVING _____

GIVE EXPLANATIONS OF ANY UNEMPLOYMENT DURING THE PAST TEN YEARS

DATES

GIVE EXPLANATIONS OF ANY UNEMPLOYMENT DURING THE PAST TEN YEARS	DATES

CERTIFICATION AND RELEASE AUTHORIZATION

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for me in this application process may result in rejection of my application or discharge at any time during my hiring and/or employment process. I understand that I will not be considered a regular employee until I have satisfactorily completed the required probationary period of employment. In connection with my application for employment with AmeriResource, I understand that an investigative report may be requested by AmeriResource, companies affiliated with AmeriResource, client companies of AmeriResource, and/or any authorized agent(s) of AmeriResource. This report will include, but not be limited to, information as to my character, work habits, performance and experience, along with reasons for terminations of past employment from previous employers. Further, I understand that you will be verifying information concerning my on-the-job safety history, motor vehicle operation history, and criminal history from various state, private and insurance sources along with other public records available. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information including, but not limited to, criminal history, motor vehicle driving records, and workers' compensation history by social security number. I hereby release without reservation all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE:

SOCIAL SECURITY #:

DATE: