

# Employment Application

Office Use Only

DEPT. CODE:

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.

PLEASE PRINT

Position(s) Applied For	Wages Desired	Date Of Application
How Did You Learn About Us?	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Advertisement
	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name	Maiden Name (if applicable)
Address	Street	City	State
			Zip Code
Telephone Number	Alternate Phone Number	Social Security Number	

If you are under 18 years of age, can you provide proof of eligibility to work? ☐ YES ☐ NO

Have you ever filed an application with us before? ☐ YES ☐ NO If "YES", date: \_\_\_\_\_

Have you ever been employed with us before? ☐ YES ☐ NO If "YES", date: \_\_\_\_\_

Are you currently employed? ☐ YES ☐ NO If "YES", may we contact employer? ☐ YES ☐ NO

Are you prevented from lawfully becoming employed in this country because of ☐ YES ☐ NO  
Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.*

Are you immediately available for employment? ☐ YES ☐ NO If "NO", when: \_\_\_\_\_

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ YES ☐ NO

Have you been convicted of a felony within the last 7 years? ☐ YES ☐ NO  
*Conviction will not necessarily disqualify an applicant from employment.*

If "YES", please explain: \_\_\_\_\_

Do you have any physical limitations that preclude you from performing any work ☐ YES ☐ NO  
for which you are being considered? If "YES", please describe what can be done to accommodate  
your limitation? \_\_\_\_\_

In case of EMERGENCY, notify: (Name) \_\_\_\_\_ (Phone No.) \_\_\_\_\_

## Education

Institute	Name & Address of School or Institute	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## Employment Experience

Start with your present or last job. Include any job-related military service assignments.

1.	Employer		Dates Employed		Work Performed
			From (mo/yr)	To (mo/yr)	
	Address				Job Title
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Supervisor		Phone No. & Ext.			Reason for Leaving
2.	Employer		Dates Employed		Work Performed
			From (mo/yr)	To (mo/yr)	
	Address				Job Title
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Supervisor		Phone No. & Ext.			Reason for Leaving
3.	Employer		Dates Employed		Work Performed
			From (mo/yr)	To (mo/yr)	
	Address				Job Title
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Supervisor		Phone No. & Ext.			Reason for Leaving
4.	Employer		Dates Employed		Work Performed
			From (mo/yr)	To (mo/yr)	
	Address				Job Title
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Supervisor		Phone No. & Ext.			Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

# License, Certification, Skill, & Experience

Please indicate level of skill which you may have by writing a number in the blank.

1 = Slight

2 = Good

3 = Expert

OFFICE:		
Word Processing wpm: _____	Calculator _____	Programming _____
Bookkeeping _____	Fax Machine _____	Other (Specify) _____
Filing _____	Other (Specify) _____	_____
Computer Experience _____		
Programs in which you are competent: _____		

Please list the number of years experience in the following areas. Be sure to include any certifications or licenses you hold.

SHOP AND GENERAL LABOR:		
Spray Painter _____	Mechanic-Gasoline _____	Landscaping _____
Assembly Line Work _____	Backhoe Operator _____	Fencing _____
Welding _____	Truck Driver (Class) _____	Farm Hand _____
Plumbing _____	Air Conditioning _____	Animal Care _____
Carpentry _____	Stone / Concrete work _____	experience _____
Electrical _____	Tree Farming _____	Building Maintenance _____
Mechanic-Diesel _____	Nursery work _____	Building Cleaning _____
	Gardening _____	Other, specify ↓ _____

Please compose a hand-written paragraph describing the type of person you are and why you would be a good AME/TechniCoat employee. List any skills, training, studies or activities you wish us to consider.


## References

List persons who have known you for at least three years. (Do not include relatives or those in your household.)

Name 1.	Occupation	Phone Number
Address		
Name 2.	Occupation	Phone Number
Address		
Name 3.	Occupation	Phone Number
Address		

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Notes: _____
Remarks	_____ Interviewer _____ Date _____		
Employed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Employment: _____
Job Title	Hourly Rate/Salary	Department	_____
By (Name & Title):	Date:		_____
Additional Notes: _____			