

# AMCS INC.

## APPLICATION FOR EMPLOYMENT

The policy of the company is to provide equal employment to all qualified persons without regard to race, creed, religion, sex, age, national origin, physical handicaps, marital status, veteran status, or any other status or characteristics protected under federal or state law.

### PERSONAL INFORMATION

NAME: (Last) (First) (Middle)

ADDRESS: (Street) (City) (State) (Zip) Telephone Number:

ARE YOU 18 YRS. OR OLDER?

Yes  No

Are you Legally Eligible for Employment in USA?

Yes  No

### EMPLOYMENT INFORMATION

POSITION APPLYING FOR:

DESIRED SALARY \$ \_\_\_\_\_ PER HR

Are you willing to Work Overtime if Required?

YES  NO

FULL-TIME (OVER 30 HRS/WK)

PART-TIME \_\_\_\_\_ HRS/WK

Are there any shifts or hours you Cannot Work?

YES  NO

If Yes, what hours, shifts or days?

Are you able to perform the Essential Functions?  
perform.

YES  NO

If No, Explain which functions you cannot perform.

Have you ever been convicted of a crime?

(Note: conviction of a felony or misdemeanor will not bar employment unless the conviction relates to fitness to perform the job applied for)

YES  NO

If yes, explain:

### EDUCATION

List below all education or training you have received which you feel relates to the position(s) applies for and would help you in that work:

Name & Location of School

Areas of Study

Dates

Diploma/Degree  
Certification

**WORK HISTORY** (If submitted with Resume, complete those items not included in Resume)

May we contact your present Employer ?  YES  NO

List Below Your Last Four Employers Beginning with the Most Recent:

1. Present or Most Recent Employer	Address	Phone
Date Started:	Starting Salary: \$ per	Starting Position:
Date Left:	Departing Salary: \$ per	Position on Leaving:
Name & Title of Supervisor:	Reason for Leaving:	
Description of Duties:		
2. Previous Employer	Address	Phone
Date Started:	Starting Salary: \$ per	Starting Position:
Date Left:	Departing Salary: \$ per	Position on Leaving:
Name & Title of Supervisor:	Reason for Leaving:	
Description of Duties:		
3. Previous Employer	Address	Phone
Date Started:	Starting Salary: \$ per	Starting Position:
Date Left:	Departing Salary: \$ per	Position on Leaving:
Name & Title of Supervisor:	Reason for Leaving:	
Description of Duties:		
4. Previous Employer	Address	Phone
Date Started:	Starting Salary: \$ per	Starting Position:
Date Left:	Departing Salary: \$ per	Position on Leaving:
Name & Title of Supervisor:	Reason for Leaving:	
Description of Duties:		

## **APPLICANTS CERTIFICATION AGREEMENT**

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the Company from all liability which might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission of facts on this application (or any other required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future company rules and regulations and I understand that the Company reserves the right to change wages, hours and working conditions as deemed necessary. I also understand and agree that I may resign with or without cause and with or without notice at any time. I further understand that if employed I will be an at will employee and that I may be terminated with or without cause and with or without notice at any time.

**I have read and reviewed the information provided in this application and the above statements.**

**SIGNATURE OF APPLICANT**

**DATE**