

An Equal Opportunity Employer Employment Application

Please Print

Date _____

Name _____

_____ Last First Middle

Business Telephone (____) ____ - _____ Home Telephone (____) ____ - _____

Social Security No. _____ - _____ - _____

Present

Address _____

No. Street City State Zip

Permanent Address if different from present address

No. Street City State Zip

Employment Desired

Position applying for:

Are you applying for:

Regular full-time work?Yes ____ No ____

Regular part-time work?Yes ____ No ____

Temporary part-time work?Yes ____ No ____

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From

Are you available for work on weekends?Yes ____ No ____

Would you be available to work overtime, if necessary?Yes ____

No ____

If hired, on what date can you start work? _____

Salary desired: _____

Would you be available to travel, if necessary?.....Yes _____
No _____

Personal Information

Have you ever applied to or worked for AWT, Inc. before?.....Yes _____
No _____
If yes, when? _____

Do you have any friends or relatives working for AWT, Inc.?.....Yes _____
No _____
If yes, state name(s) and relationship _____

Why are you applying for work at AWT, Inc.? _____

If hired, would you have a reliable means of transportation to and from work?..Yes _____
No _____

Are you at least 18 years old?.....Yes _____ No _____
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your citizenship or proof of your legal right to live and work in this country?.....Yes _____ No _____

Are you able to perform the functions of the job for which you are applying?...Yes _____
No _____
If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying?..Yes _____ No _____
If no, describe the functions that cannot be performed. _____

(Note: Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?
(Convictions for marijuana-related offense that are more than two years old need not be listed).. Yes ___ No ___

If yes, state nature of the crime(s), when and where convicted and disposition of the case _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed?..... Yes ___ No ___

If so, may we contact your current employer?.....

. Yes ___ No ___

Education, Training and Experience

Degree or School Diploma	Name and Address	No. of years Completed	Did you Graduate?
High School		Yes ___ No ___	
College/ University		Yes ___ No ___	
Vocational/ Business		Yes ___ No ___	
Health Care		Yes ___ No ___	

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages?..... Yes ___ No ___

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at AWT, Inc.? If so, please explain _____

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____

Address _____

_____ No. Street City State Zip

Type of Business _____

Telephone No. (____) ____ - _____ Your Supervisors Name _____

Your Position and Duties

Date of Employment: From _____ To

Weekly Pay: Starting _____ Ending

Reason for Leaving:

Name of Employer _____

Address _____

_____ No. Street City State Zip

Type of Business _____

Telephone No. (____) ____ - _____ Your Supervisors
Name _____

Your Position and Duties

Date of Employment: From _____ To

Weekly Pay: Starting _____ Ending

Reason for Leaving:

Name of Employer _____

Address _____

_____ No. Street City State Zip

Type of Business _____

Telephone No. (____) ____ - _____ Your Supervisors
Name _____

Your Position and Duties

Date of Employment: From _____ To

Weekly Pay: Starting _____ Ending

Reason for Leaving:

Name of
Employer _____

Address _____

_____ No. Street City State Zip

Type of
Business _____

Telephone No. (____) ____ - _____ Your Supervisors
Name _____

Your Position and Duties

Date of Employment: From _____ To

Weekly Pay: Starting _____ Ending

Reason for Leaving:

Military Service

Have you obtained any special skills or abilities as the result of service in the military?

Yes__No__

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____

Address _____
_____ No. Street City State Zip

Occupation _____

Telephone No. (____) ____ - _____ Number of Years Acquainted _____

Name _____

Address _____
_____ No. Street City State Zip

Occupation

Telephone No. (____) ____ - _____ Number of Years Acquainted

Name

-

Address

No.

Street

City

State

Zip

Occupation

Telephone No. (____) ____ - _____ Number of Years Acquainted
