

AHI SUPPLY

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applications requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Date of application ____/____/____

Referral Source: Advertisement Employee Relative
 Government Employment Agency Walk-in
 Private Employment Agency Other

Name of Source (if applicable) _____

Name of Advertisement (if applicable) _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Message, Voicemail, Mobile or Alternate Number: _____

Home Telephone Number: _____ Social Security Number: _____ - _____ - _____

If necessary, the best time to call you at home is _____ a.m./p.m. _____

May we contact you at work?..... YES NO

If yes, please list work number and best time to call: (_____) _____

If you are under 18 can you furnish a work permit?..... YES NO

Have you filed an application here before?..... YES NO

If yes, give date: ____/____/____

Have you been employed here before?..... YES NO

If yes, give dates:.....From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country?..... YES NO

(Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work..... ____/____/____

Type of employment desired:

Full-time Part-time Temporary Seasonal Educational Co-op

Are you on lay-off and subject to recall?..... YES NO

Will you relocate if your job requires it? YES NO..... Will you travel? YES NO

Do you understand the attendance requirements of the position?..... YES NO

Are you able to meet the attendance requirements of the position?..... YES NO

Will you work overtime if required?..... YES NO

Have you plead guilty or no contest to a criminal charge in the past seven years?..... YES NO

If yes, please explain: _____

(Such plea may be relevant if job related, but does not bar you from employment)

Driver's license number (if job related) _____ State _____

Employment History

List ALL your employers, assignments, volunteer activities or military experience for the past five (5) years, starting with the most recent. If you worked for one employer for the past five years, then list your last two employers. Explain any gaps in employment in the comment section below. NOTE: Please be sure to furnish all information requested. Any missing or inaccurate information will delay and may prevent employment.

| | |
|---------------------------------|--|
| Employer: | Telephone: |
| Address: | Dates Employed: From To |
| Immediate Supervisor and Title: | Starting pay rate: \$ per |
| Reason for leaving: | Final pay rate: \$ per |

Position Held

Summarize the nature of the work performed and responsibilities:

| | |
|---------------------------------|--|
| Employer: | Telephone: |
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| Reason for leaving: | Final pay rate: \$ per |

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| Reason for leaving: | Final pay rate: \$ per |

Position Held:

Summarize the nature of the work performed and responsibilities:

I understand that AHI Supply will verify ALL past employment information. I understand that any missing or inaccurate information will delay and may prevent my employment. I give AHI Supply and its representatives permission to verify ALL information regarding past employment, including but not limited to – pay rates, dates of employment, past evaluations, rehire status, reason for leaving, attendance, etc.

Signature: _____ **Date:** ____/____/____

Educational Background (If job related)

- A. List last three (3) schools attended, starting with the most recent.
- B. List number of years completed.
- C. Indicate degree or diploma earned, if any.
- D. Grade Point Average or Class Rank *and*
- E. Major and minor field of study (if applicable).

| A. School | B. Years Completed | C. Degree or Diploma | D. GPA or Class Rank | E. Major and/or Minor |
|-----------|--------------------|----------------------|----------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

List any foreign language(s) you know and check the boxes that describe your skill level.

| Language | Speak Some | Speak Fluently | Read | Write |
|----------|------------|----------------|------|-------|
| | | | | |
| | | | | |

References

List the name and telephone number of three (3) business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three schools or personal references that are not related to you.

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | () | |
| | () | |
| | () | |

List professional, trade, business, or civic associations and any offices held. (Exclude memberships that would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |

It is understood and agreed upon that any misrepresentation by me on 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, to secure additional information about me if job-related, and to verify ALL information regarding past employment, including but not limited to – pay rates, dates of employment, past evaluations, rehire status, reason for leaving, attendance, etc. I hereby release from liability the employer and it's 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 30 days. 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 cause and without prior notice.

I understand that no representative of the employer has the authority to make any assurances to the contrary. I understand it is not this company's policy not to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant: _____ **Date:** _____

Social Security Number: _____-_____-_____

Affirmative Action Voluntary Information

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this application data survey. Your cooperation is appreciated.

Please be advised that this is NOT a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for _____ Date of application ____/____/____

REFERRAL SOURCE

Advertisement Employee Relative

Government Employment Agency Walk-in

Private Employment Agency Other

Name of Source (if applicable) _____

APPLICANT INFORMATION

Name: _____ (____) _____
Last First Middle Area Code Phone Number

Address: _____
Street City State Zip Code

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White Black (not of Hispanic origin) Hispanic

American Indian/Alaskan Native Asian/Pacific Islander

SPECIAL NOTICE

To Vietnam Era Veterans, Disabled Veterans and individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

Vietnam Era Veteran (served between 1964-1975)

Disabled Veteran

Individual with a disability

We verify ALL your references for the past five (5) years or if you worked for one employer for the past five years, then we verify your information for the last two companies that you worked for. The dates of employment that you provide should be as close as possible to the actually dates employed. You must provide as much information as possible in order for your application to be processed quickly. MISSING OR INACCURATE INFORMATION WILL DELAY AND MAY PREVENT EMPLOYMENT. Please answer the following questions about the application and fill in any missing information.

___YES ___NO Would your past employers have you listed under another name?
If yes, provide that name: _____

___YES ___NO Did you provide two (2) valid/working numbers we can contact you at if we need further information? If no, please go back and provide those numbers.

___YES ___NO If you checked yes to the criminal charge question, did you explain it? If not, please do so here:

___YES ___NO Were there any gaps in your employment history? If yes, explain here

___YES ___NO Did you work under a contractor for any of the jobs listed? If yes, please give contractor's company name and phone number as well as which job you worked under them:

___YES ___NO Did you provide reasons for leaving for ALL of your past jobs? If no, please go back and fill those reasons in.

___YES ___NO Did you provide pay rates for each of your past jobs? If no, please go back and fill those pay rates in.

___YES ___NO Did you provide your immediate supervisor's name for each of your past jobs? If no, please go back and fill those names in.

___YES ___NO Is there any reason you don't think you would be rehirable at one of your past jobs? If yes, list which job and explain reason
