



An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

**PERSONAL INFORMATION** *Incomplete information could disqualify you from further consideration.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Are you eligible to work in the U.S? Yes \_\_\_ No \_\_\_

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.) Yes \_\_\_ No \_\_\_

Have you ever been terminated from employment or asked to resign by an employer? Yes \_\_\_ No \_\_\_

If yes, please provide company names and details: \_\_\_\_\_

Can you work any shift? Yes \_\_\_ No \_\_\_ Can you work overtime, including weekends? Yes \_\_\_ No \_\_\_

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes \_\_\_ No \_\_\_

### **EMPLOYMENT DESIRED**

Date you can start \_\_\_\_\_ Hourly Rate/Salary desired \$ \_\_\_\_\_

Position desired \_\_\_\_\_

Are you currently employed? \_\_\_\_\_

If so may we inquire of your present employer? Yes \_\_\_ No \_\_\_

### **REFERRAL SOURCE**

How did you hear about us? Walk In \_\_\_\_\_ Advertisement \_\_\_\_\_ Referral \_\_\_\_\_ Other \_\_\_\_\_

Have you ever worked for this company before? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Do you know anyone who works for ASI? Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

<b>EDUCATION</b>	<b>Name and location of school</b>	<b># of years Attended</b>	<b>Degree Received</b>	<b>Subjects studied/Major</b>
High School				
College or University				
Trade, Business or Correspondence School				

**EMPLOYMENT HISTORY** Include your last five (5) jobs in your employment history, including periods of unemployment, starting with the most recent and working backwards in time. **Complete this form; do not simply attach a resume.** *Incomplete information could disqualify you from further consideration.*

From	To	Employer Name	Telephone
Job Title		Address	
Immediate supervisor  Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	
From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor  Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

From	To	Employer	Telephone
Job Title		Address	
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From	To	Employer	Telephone
Job Title		Address	
Immediate supervisor  Title		Summarize the nature of work performed and job responsibilities	
Reason for leaving		Hourly Rate/Salary	

List special skills, experience and/or training that would enhance your ability to perform the position applied for:

Computer Skills (please describe):

**REFERENCES**

Give the names of three persons not related to you, whom you have known at least three (3) years.

Name	Address, Phone, Email	Company	Years Acquainted
1			
2			
3			

**Please read carefully before signing.**

It is the policy of ASI to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for ASI Flex to hire me. If I am hired, I understand that either ASI Flex or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of ASI Flex has the authority to make any assurance to the contrary.

I hereby release ASI from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I attest with my signature below that I have given to ASI Flex true and complete information on this application. No requested information has been concealed. I authorize ASI Flex to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.**