



Employment Application

An Equal Opportunity Employer

Please Print

Date

Last Name

First Name

Middle

Present Address

No. & Street

City

State

Zip Code

(____)____-____
Business Phone

(____)____-____
Home Phone

Employment Desired

Position applying for: _____

Personal Information

How did you hear about our company and this job opening? _____

Have you ever applied to work for American Integrated Services?

Yes

No

If yes, when? _____

If hired, would you have a reliable means of transportation to and from work?

Yes

No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)

Yes

No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes No

If not, describe the functions that cannot be performed.

Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. New hires may be subject to passing a medical examination, and to skill and agility test.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
_____	_____	_____	_____	_____

High School

_____	_____	_____	Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	_____	_____	_____	_____
Address	_____	City	State	Zip Code

College / University

_____	_____	_____	Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	_____	_____	_____	_____
Address	_____	City	State	Zip Code

Employment Application

Education, Training, and Experience – Continued

Vocational / Business

Name

Did you Graduate? Yes No

Address

City

State

Zip Code

Training

Name

Did you Graduate? Yes No

Address

City

State

Zip Code

Employment History

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

Name of Employer

(____)____-____
Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of employment: _____
From To

Current Employer?..... Yes No

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Employment Application

Employment History - Continued

_____		(____)____-_____	
Name of Employer		Phone Number	
_____		_____	
Type of Business		Your Supervisor's Name	
_____	_____	_____	_____
Address & Street	City	State	Zip Code
Dates of employment: _____			
From		To	
Current Employer?.....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Note: Attache additional page(s) is necessary.

The Company will consider qualifies applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Applicant's Signature

Date

EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be only accessed by the Human Resources department.

If you choose not to self-identify at this time, the federal government requires American Integrates Services Inc. to determine this information by visual survey and/or other available information.

NAME: _____

JOB TITLE: _____

DATE COMPLETED: _____

GENDER:

(Please check one of the options below)

Male

Female

Nonbinary

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

___ Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

___ I do not wish to disclose.