

## **Employment Application**

An Equal Opportunity Employ	er		
Please Print			Date
Last Name	First Name	Mi	ddle
Present Address			
No. & Street	City	State	Zip Code
() Business Phone	() Home Phone		
<b>Employment Desired</b>			
Position applying for:			
Personal Information			
How did you hear about our c	ompany and this job openir	ng?	
Have you ever applied to work	c for American Integrated Se	ervices?	Yes No
If yes, when?			
If hired, would you have a reli	able means of transportatio	n to and from wor	k? Yes
Are you at least 18 years old?	•	to verification that	: □ Yes □

	erform the essential function with or without reasonable		which you are	Yes	No
If not, describe th	ne functions that cannot be	performed.			
accommodation measu	the Fair Employment and Housing Act tres that may be necessary for eligible ination, and to skill and agility test.)				
-	o hire relatives of present e ervision, security, safety, or	-		-	
Education, Train	ning, and Experience				
School	Name and Address	No. of Years Completed	Did y Gradı	d you Degree or aduate? Diploma	
High School					
		Did y	ou Graduate?	Yes	□No
Name					
Address	City	,	State	Zip Code	
College / Univers	ity				
		Did y	ou Graduate?	□Yes	□No
Name					
Address	 City	,	State	Zip (	Code

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## **Education, Training, and Experience – Continued**

Vocational / Business					
		Did you	Graduate?	Yes	☐ No
Name					
Address	City		State	Zip Code	
Training					
		Did vou	Graduate?	☐Yes	□No
Name		Dia yea	Gradate.		
Address	City		State	Zip Code	
Employment History					
List below all present all present a years is sufficient). You must comp		_	-	-	oyer (last five
Name of Employer			Phone Numb	er	
Type of Business			Your Supervis	sor's Name	
Address & Street	City		State	Zip Code	
Dates of employment:					
From	То				
Current Employer?				Yes	☐ No
Your Position and Duties					<del></del>
Reason for Leaving					
May we contact this employer for	a reference?			Yes	□No

## **Employment Application**

Employment History - C	ontinued					
			(	)		
Name of Employer			Í	Phone Number  Your Supervisor's Name		
Type of Business		,				
Address & Street		City		State	Zip Code	
Dates of employment: _						
F	rom	То				
Current Employer?					Yes	☐ No
Your Position and Duties	<del></del>					
Reason for Leaving						
May we contact this em	ployer for	a reference?			Yes	□No
Note: Attache additiona	page(s) is	necessary.				
The Company will consider consistent with state and	-		uding those w	ith crimir	nal histories, in a	manner
Applicant's Signature		<del></del>	- I	Date		