

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except your signature on the back of the Application. All information given will be held in strict confidence, unless otherwise required by law.

"This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary to fill out a new application."

NAME (Print) _____ Date available for employment? _____

Last First Middle

PRESENT ADDRESS _____ TEL. NO. _____

No. Street City State Zip Code Day Evening

Job Applied for: _____ When Referred by _____

Are you seeking: Full-time _____ Part-time _____ Temporary or Summer _____ employment?

RECORD OF EMPLOYMENT				
(Circle any of at these employers who should not be contacted at the present time)				
1. Name of Current/Most Recent Employer		Address	Telephone	Type of Business
Dates Employed	Rate of Pay	Reason for Leaving	Supervisor's Name and Title	
From	Starting:			
Mo. Yr.	Ending:			
Job Title and Duties				
2. Name of Current/Most Recent Employer		Address	Telephone	Type of Business
Dates Employed	Rate of Pay	Reason for Leaving	Supervisor's Name and Title	
From	Starting:			
Mo. Yr.	Ending:			
Job Title and Duties				
3. Name of Current/Most Recent Employer		Address	Telephone	Type of Business
Dates Employed	Rate of Pay	Reason for Leaving	Supervisor's Name and Title	
From	Starting:			
Mo. Yr.	Ending:			
Job Title and Duties				
4. Name of Current/Most Recent Employer		Address	Telephone	Type of Business
Dates Employed	Rate of Pay	Reason for Leaving	Supervisor's Name and Title	
From	Starting:			
Mo. Yr.	Ending:			
Job Title and Duties				
5. Name of Current/Most Recent Employer		Address	Telephone	Type of Business
Dates Employed	Rate of Pay	Reason for Leaving	Supervisor's Name and Title	
From	Starting:			
Mo. Yr.	Ending:			
Job Title and Duties				

UNEMPLOYMENT RECORD: Account for periods of unemployment for two (2) weeks or more during the past seven (7) years.

Period: _____ Explain: _____

Period: _____ Explain: _____

Period: _____ Explain: _____

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GENERAL INFORMATION	
Are you over 18 years of age: Yes ____ No ____	
Are you a citizen of the United States or do you have a valid work permit? Yes ____ No ____ (Federal Law requires proof of identity and employment authorization for all new employees.)	
For Driving Job Only: Do you have a valid driver's license? Yes ____ No ____ License # _____ State Issued: _____	
1. Have you ever been convicted of a felony? Yes ____ No ____ (A conviction will not necessarily disqualify an applicant) If Yes, please explain: _____	
2. Have you ever been sanctioned by Medicare, Medicaid, Champus or other government programs? Yes ____ No ____	
3. Have you held a management position in an organization that was sanctioned by Medicare, Medicaid, Champus or other government programs? Yes ____ No ____	
If Yes to either question 2 or 3, please explain: _____	

EDUCATION		
EDUCATION (Circle last year completed)	SCHOOL NAME	MAJOR SUBJECTS
Elementary 5 6 7 8	_____	_____
High School 1 2 3 4	_____	_____
College 1 2 3 4	_____	_____
Other (Business Vocational, Military)	_____	_____
If you are an experienced operator of any business / plant machines or equipment, please list: _____ _____ _____		Other Skills: _____ _____ _____

HEALTH	
Can you perform the essential duties of this job with or without reasonable accomodation? Yes ____ No ____	
Would you take a physical examination (including, but limited to rine,blood or other examination for evidence of drug or other chemical use)? Yes ____ No ____	

REFERENCES			
Give three references, not relatives or former employers.			
Name	Address	Phone	Occupation

AGREEMENT TO INVESTIGATION AND AT WILL AGREEMENT

I understand and agree that my background could be investigated and that the nature and scope of the investigation, if one is conducted, could include such general identification information, residence verification, and, as applicable, information concerning my employment, education, general reputation, character, personal characteristics, and habits, and that such information may be developed through personal interviews with third parties such as family members, neighbors, friends, associates, former employers, and custodians of official records. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment.

I certify that the answer given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employment will be terminated because of falsity of statements, answers or consequential omissions made by me in this questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character, and qualifications. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions are true and were made by me without any reservations. I understand that any misleading or incorrect statements will render this application void, and if employed, will be cause for termination. I also understand that if employed either the Employer or I may terminate our relationship at will, without notice or for any reason and that this employment application does not constitute an employment contract. This At Will Agreement cannot be changed except by another writing, signed by the Chief Executive Officer of Amstaff, and entitled "Modification of At Will Agreement". This Employer is hereby authorized to release to any other firm or person with whom I may seek employment, any and all information concerning my employment.

Applicant Signature

Date