

Alternative Engineering, Inc.

Application for Employment

PERSONAL INFORMATION

Name: _____ S. Security # _____
 Address: _____ Phone # _____
 _____ D License# _____

EMPLOYMENT DESIRED

Position: _____ Start Date _____ Salary Desired _____
 Full Time _____ Part Time _____ 1st shift _____ 2nd shift _____ 3rd shift _____

EDUCATION

	Name/Location	Years Attended	Graduate
Grammar School			
High School			
College			
Trade School			

EMPLOYMENT EXPERIENCE

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Reason for Leaving	
Job Title	Supervisor Name	

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REFERENCES

Name	Title/Company	Phone #

ADDITIONAL INFORMATION

If you are under 18 years of age, can you provide required proof of eligibility to work?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?	Yes	No
Do you have a valid driver's license?	Yes	No
Can you travel if a job requires it?	Yes	No
Have you ever been convicted of a felony? If yes, please explain _____	Yes	No
Are there any felony charges pending against you? If yes, please explain _____	Yes	No
Have you ever experienced any kind of substance abuse problems?	Yes	No
Do you understand and agree that you may be required to undergo a physical examination, drug and/or substance testing or other checks as a condition for hiring or continued employment?	Yes	No
Do you agree to release the employer and its representatives from any claim arising from the use of such tests, activities, and their results?	Yes	No
Are you a member of the National Guard or Reserve?	Yes	No
Have you ever served in the United States military?	Yes	No
Can you perform the essential duties of the job in which you wish to be employed, with or without accommodation?	Yes	No
Are you currently employed?	Yes	No
Do you have any relatives employed by us?	Yes	No
How did you hear about Alternative Engineering, Inc.? _____		

APPLICANTS STATEMENT

I certify that the facts and answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements and references contained in this application for employment as well as any background checks deemed necessary to determine my fitness for employment, including records of any former employer(s), doctors, hospitals, police departments, and other services concerning me, and authorize these sources to release such information without liability for damages incurred in giving it. I waive any written notice of the release of such records that may be required by any state or federal law. I release the employer and relevant parties from any liability for any claims or damages resulting from the provision or investigation of this information I have or will give to employer.

In the event of employment, I understand that misrepresentations or omission of facts, or false or misleading information given in my application or interview(s) may result in discharge. I also understand that, if employed, I will abide by and conform to the rules and regulations of the employer.

I further agree to submit to any physical examination, drug or substance testing or other checks as a condition for hiring or continued employment.

I understand and acknowledge that no employment agreement exists between myself and this organization and that any relationship with this organization is of an "at will" nature which means that employee may resign at any time and the employer may discharge employee at any time with or without cause and with or without notice.

It is further understood that this "at will" employment relationship may not be changed by any written document, oral representations or conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

This form has been designed to comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes, such questions are appropriately noted on the application. Notwithstanding these efforts, the manufacturer of this form assumes no responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.