



# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

LAST NAME:	FIRST	MIDDLE	DATE:
STREET ADDRESS			HOME TELEPHONE ( )
CITY, STATE, ZIP			BUSINESS TELEPHONE ( )
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, MONTH AND YEAR: _____ LOCATION: _____			SOCIAL SECURITY:
POSITION DESIRED:			PAY EXPECTED:
APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT HOURS CAN YOU WORK: _____			WILL YOU WORK OVERTIME IF ASKED? <input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?			WHEN WILL YOU BE AVAILABLE TO BEGIN WORK?
HAVE YOU EVER BEEN CONVICTED, OR PLED GUILTY OR NO CONTEST TO A FELONY OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE IN FULL:			HAVE YOU EVER BEEN BONDED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WITH WHAT EMPLOYERS
IF YOU ARE HANDICAPPED, CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PLEASE LIST ANY SPECIAL JOB)B TRAINING OR JOB SKILLS (LANGUAGES, MACHINE OPERATIONS, ETC.)			

## EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
COLLEGE					
BUSINESS/TRADE/TECHNICAL					
HIGH SCHOOL					
ELEMENTARY					



# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	COMPANY NAME	TELEPHONE ( )
	ADDRESS	EMPLOYED - (STATE MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

2	COMPANY NAME	TELEPHONE ( )
	ADDRESS	EMPLOYED - (STATE MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

3	COMPANY NAME	TELEPHONE ( )
	ADDRESS	EMPLOYED - (STATE MONTH AND YEAR) FROM TO
	NAME OF SUPERVISOR	WEEKLY PAY START LAST
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT

DO NOT CONTACT: \_\_\_\_\_  
 EMPLOYEE NUMBERS: \_\_\_\_\_  
 REASON: \_\_\_\_\_

**MILITARY** DID YOU SERVE IN THE US ARMED FORCES?  YES  NO IF YES, WHAT BRANCH: \_\_\_\_\_  
 DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:



# ADDITIONAL INFORMATION

MEMBERSHIP IN PROFESSIONAL AND CIVIC ORGANIZATIONS; SPECIAL ACCOMPLISHMENTS AWARDS, ETC.  
(EXCLUDE THOSE WHICH MAY DISCLOSE YOUR RACE, COLOR, RELIGION, AGE AND NATIONAL ORIGIN)

## APPLICANT'S SIGNATURE

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

If employed, I also agree to submit to a medical examination, alcohol or drug test at anytime deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations, alcohol and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I fully understand and accept all terms and conditions in the above statement.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



# DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act ( 15 USC at 1681-1681u) as amended. Before we can seek such reports, we must have your written permission to obtain the information You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights Under the Fair Credit Reporting Act.

## AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit AC SUPPLY CO. INC, to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers compensation (post-offer only and drug testing);
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization as well as AC SUPPLY CO. INC. from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act. I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize AC SUPPLY CO. INC. to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application.

FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

FULL NAME AS APPEARS ON DL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_



**DO NOT USE CALCULATOR**

MULTIPLICATION

$$\begin{array}{r} 6 \\ \times 4 \\ \hline \end{array}$$
$$\begin{array}{r} 8 \\ \times 8 \\ \hline \end{array}$$
$$\begin{array}{r} 12 \\ \times 12 \\ \hline \end{array}$$
$$\begin{array}{r} 8 \\ \times 6 \\ \hline \end{array}$$
$$\begin{array}{r} 9 \\ \times 5 \\ \hline \end{array}$$

DIVISION

$$\begin{array}{r} 32 \\ \div 8 \\ \hline \end{array}$$
$$\begin{array}{r} 48 \\ \div 6 \\ \hline \end{array}$$
$$\begin{array}{r} 72 \\ \div 9 \\ \hline \end{array}$$
$$\begin{array}{r} 56 \\ \div 7 \\ \hline \end{array}$$

ADDITION

$$\begin{array}{r} 48 \\ + 24 \\ \hline \end{array}$$
$$\begin{array}{r} 120 \\ + 36 \\ \hline \end{array}$$
$$\begin{array}{r} 64 \\ + 12 \\ \hline \end{array}$$
$$\begin{array}{r} 72 \\ + 48 \\ \hline \end{array}$$

SUBTRACTION

$$\begin{array}{r} 120 \\ - 32 \\ \hline \end{array}$$
$$\begin{array}{r} 56 \\ - 24 \\ \hline \end{array}$$
$$\begin{array}{r} 48 \\ - 12 \\ \hline \end{array}$$
$$\begin{array}{r} 60 \\ - 12 \\ \hline \end{array}$$



# THIS PAGE FOR EMPLOYER'S USE ONLY

## REFERENCE CHECK

EMPLOYER	PERSON CONTACTED	RESULTS
1		
2		
3		

## TEST RESULTS

TEST ADMINISTERED	RAW SCORE	RATING	ANALYSIS AND COMMENTS

## INTERVIEW RESULTS

INTERVIEW NAME AND COMMENTS

## FOR STORE MANAGER'S USE ONLY:

HIRED AT	RATE OF PAY: _____	
POSITION		
STATUS	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY