



# APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, veteran status, or any other characteristic protected under local, state or federal law.

### PERSONAL INFORMATION:

Date: \_\_\_\_\_

Name Last First Middle

Street Address Street

City State Zip

Phone number ( ) Referred by:

Have you ever been convicted of a crime or are there any pending charges against you?  
(A conviction does not automatically bar you from employment)  
 YES  NO If Yes, include details: \_\_\_\_\_

Are you legally authorized to work in the U.S.?  YES  NO

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform & Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age?  YES  NO

### POSITION / AVAILABILITY:

Type of work for which you wish to be considered: \_\_\_\_\_

Shift Availability: A B C FT / PT If Part Time: How many hours/week? \_\_\_\_\_

What days are you not available? \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

Have you ever worked for Acro before?  YES  NO If Yes: When? \_\_\_\_\_

### EDUCATION:

	Name & Location of School	Subjects studied/Degree received
High School:	_____	_____
College:	_____	_____
Trade, Business or Correspondence School:	_____	_____
Skills, Licenses, Training :	_____	_____
	_____	_____

**EMPLOYMENT HISTORY:**

*Present or Last Position:*

May We Contact Your Present Employer?  YES  NO

Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

*Previous Position:*

Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

*Previous Position:*

Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

<b>References:</b>		List 3 persons not related to you, whom you have known at least one year	
Name	Address/Phone No.	Years Acquainted	Position
1.)			
2.)			
3.)			

I certify that information contained in this application is true and complete. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company. I authorize the verification of any or all information.

I understand and agree that nothing contained in this application, or conveyed in any interview, is intended to create an employment contract. I further understand and agree if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

By my signature below, I voluntarily and knowingly agree to the following: I consent to take any physical or medical examinations, including blood and urine or other tests for amphetamines, cocaine, marijuana, opiates and phencyclidine, requested by the company in connection with the processing of my application for employment. I understand that such an exam is needed in order to provide a safe and drug free work place. I understand that refusal to submit to any physical or medical exam ordered by the company is grounds for rejection of employment. I further understand that the examinations will be performed by medical personnel, clinics or laboratories qualified to do the necessary work and costs for such examinations will be borne by the company.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired I agree to abide by all Company work rules, policies, procedures. The company retains the right to revise its policies/procedures, in whole or in part, at any time.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_