



AMESOLUTIONS.COM

Vibration & Alignment Specialists

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND BACKGROUND CHECK

PLEASE COMPLETE PAGES 1-5 DATE
Name Last First Middle Maiden
Present address Number Street City State Zip
How long at this address: Do you have a Social Security Number?
Telephone ()
If under 18, please list age
Position applied for (1) and salary desired (2)
(Be specific)
How many hours can you work weekly? Can you work nights? Can you work weekends? Can you travel 25 - 50%?
Employment desired FULL-TIME ONLY PART-TIME ONLY FULL OR PART-TIME
When available for work?
This application will be considered an active application for sixty (60) days only

Table with 5 columns: TYPE OF SCHOOL, NAME OF SCHOOL, LOCATION (Complete mailing address), # OF YEARS COMPLETED, MAJOR & DEGREE. Rows include High School, College, Bus. or Trade School, Professional School.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

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Do you have a Florida Driver's License? Yes No If no, please explain.

Do you have a clean driving record? Yes No If no, please explain.

What is your means of transportation to work? _____

Have you had any accidents during the past three years? _____ How many? _____

Have you had any moving violations during the past three years? _____ How Many? _____

Computer Skills

Typing Yes
 No _____ Words Per Minute

MS Office Suite Yes No

QuickBooks Yes No

Personal Yes PC

Other _____

Computer No Mac

Skills _____

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for providing additional information.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor _____ _____	Employment dates From: _____ To: _____	Pay or salary Start: _____ Final: _____
Your last job title: _____			

Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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		From: _____	Start: _____
		To: _____	Final: _____
Your Last Job Title: _____			

Reason for leaving (be specific): _____

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by _____ (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of _____, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and _____ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.