

# All American Doit center

## Application for Employment

### PERSONAL INFORMATION

First Name	Middle Name	Last Name	
Address	City	State	Zip
Phone Number(s)		Email Address	

### EMPLOYMENT DESIRED

Position(s) Applied For	Desired Salary	Location	Date of Application			
Have you applied for a position with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes—Specify date:						
Have you ever been employed with us before? <input type="checkbox"/> No <input type="checkbox"/> Yes—Specify date and position:						
How did you learn about this position?						
<input type="checkbox"/> Advertisement—Specify:		<input type="checkbox"/> Employment Agency—Specify:				
<input type="checkbox"/> Employee Referral—Which employee?		<input type="checkbox"/> Other—Specify:				
Do you have any friends or relatives employed by this company? <input type="checkbox"/> No <input type="checkbox"/> Yes—Specify who:						
Are you currently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Are you currently on “lay-off” status and subject to recall? <input type="checkbox"/> No <input type="checkbox"/> Yes						
On what date would you be available for work?						
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> All shifts <input type="checkbox"/> Temporary						
Hours can vary depending on position. Please indicate below the times and days that you are available to work, if you are available to work any hours please write ALL under the applicable day.						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No- are you authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Can you travel for work if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If hired, do you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If hired, would you be able to work overtime as needed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you willing to take drug tests at the Company’s request? <input type="checkbox"/> No <input type="checkbox"/> Yes						
Have you ever gone by a name other than the one listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes—Please list:						
Are you able to perform all of the essential functions of a job for which you are applying with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been convicted of a felony, misdemeanor, or any other violation? <input type="checkbox"/> No <input type="checkbox"/> Yes—Please list:						

## EDUCATION

Name of <b>High School</b>		Location	
Years Completed	Date Completed	Subjects Studied	GED
Diploma obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of <b>College</b>		Location	
Years Completed	Date Completed	Degree/Major	G.P.A.
Diploma obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of <b>College</b>		Location	
Years Completed	Date Completed	Degree/Major	G.P.A.
Diploma obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## GENERAL

Subjects of Special Study or Research Work:
Special Skills:
Activities(Civic, Athletic, etc):

## MILITARY SERVICE

Have you ever served in the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>NOTE: If you answered "no" to the above question, please skip the rest of this section.</i>
What was the length of your military service?
What was your rank at time of discharge?
What type of training and work experience did you receive while in the military?

**EMPLOYMENT HISTORY** (List the last 3 employers, starting with the last one first)

Employer (CURRENT or most recent)		Supervisor	
Address		Phone	
Position Title and Duties			
Starting Date	Ending Date	Starting Pay	Ending Pay
Why did you leave this job?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Employer		Supervisor	
Address		Phone	
Position Title and Duties			
Starting Date	Ending Date	Starting Pay	Ending Pay
Why did you leave this job?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

Employer		Supervisor	
Address		Phone	
Position Title and Duties			
Starting Date	Ending Date	Starting Pay	Ending Pay
Why did you leave this job?			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

**REFERENCES** (Give Names of 3 persons NOT related to you, known at least ONE year)

Name	Phone Number	Years Known
Name	Phone Number	Years Known
Name	Phone Number	Years Known

Please read each statement closely and initial each acknowledging your understanding

**Equal Employment Opportunity Statement**

This Company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. The Company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. The Company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the company. **Initial** \_\_\_\_\_

**Discrimination and Sexual Harassment Policy Statement**

This Company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment. **Initial** \_\_\_\_\_

**Complete and Accurate Information**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. **Initial** \_\_\_\_\_

**At-Will Employment**

I understand and agree that if I am employed, my employment will be "at-will", which means that the Company may terminate the employment relationship at any time, with or without cause and with or without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary is hereby superseded and that no promise or representation contrary to the foregoing is binding on the Company unless made in writing and signed by the Company's president. **Initial** \_\_\_\_\_

**Testing Authorization**

If offered a position with the Company, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the Company as a condition of employment. **Initial** \_\_\_\_\_

**Investigation Authorization**

I authorize investigation into all statements and references contained in this application. Said investigation may include credit, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into my credit, driving and criminal background. **Initial** \_\_\_\_\_

**Obligation to Company**

I agree that if I become indebted to All American, I will be responsible for repaying the total owed upon termination from All American. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay. **Initial** \_\_\_\_\_

**I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY THE COMPANY.**

I also agree and understand that any misrepresentations or omissions of information or facts given on this form shall be considered an act of falsification. I agree and understand the company may investigate any and all information given on this from to determine it validity. I understand that all employment history information from previous employers will be used by the company only as part of decided whether to hire me. If hired, I agree to abide by all rules and policies of this employer.

**Signature of Applicant**

**Date**

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\*NOTE: For purposes of this document when All American is listed, this refers to All American Lumber DBA: All American Do It Center.