



APPLICATION FOR EMPLOYMENT

NAME AND CONTACT INFORMATION

Full Name

First Middle Last

If under 18, what age

Email Address

Contact Phone Number

Does This Phone Number Accept Text Messages? Yes No

Current Address

City _____ State/Province/Region _____

Zip Code _____

How Long At This Address?

POSITION APPLYING FOR

Position Applied

Driver Foreman Laborer Management Other

Salary Desired

PERSONAL ATTRIBUTES

Date of Birth ____/____/____

Height _____ **Weight** _____

Are There Any Physical Constraints that Would Prevent You from Meeting the Job

Requirements Listed on this Page? Yes No

Do You Have Any OSHA Certifications? OSHA 10 OSHA 30 No Certifications

Do You Have a Fear of Confined Spaces? (Being in a Small Area to Work, Like a Closet)

Yes No

Do You Have a Fear of Heights?

No Fear of Heights 1-2 Stories High OK

3-6 Stories High OK Afraid of Heights



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Do You Have a History of Drug or Alcohol Abuse? Yes No

If Yes, Describe Current State:

EMPLOYMENT TYPE AND AVAILIBLTY

Employment Type Full Time Part Time Full or Part Time

Available Start Date ____/____/____

DRIVING HISTORY

Do You Have a Driver's License? Yes No

License Type: Operator Commercial (CDL) Chauffer

State of Issue _____ License Expiration Date ____/____/____

What is Your Means of Transportation to Work?

Own Vehicle Public Transport None

Number of Accidents During the Past Three Years?

1 2 3 4 5 or more

Number of Moving Violations During the Past Three Years?

1 2 3 4 5 or more

MILITARY HISTORY

Have You Ever Been in the Armed Forces? Yes No

What is Your Current Military Status? Active Discharged N/A

Are You a Member of the National Guard or Reserves? Yes No

CRIMINAL HISTORY

Have You Ever Been Convicted of a Crime? Yes No

If yes, please 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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REFERENCES

References Other Than Relatives or Previous Employers. **One is Required.**

Reference Name

First _____ Last _____
Phone (____) _____ - _____ Email _____

Description of Relationship to Reference

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held. If you were self-employed, give the business name.

May We Contact Your Current Employer? Yes No N/A

EMPLOYER 1

Employer 1 – Business Name

Address _____

City _____ State _____

Zip Code _____

Phone Number (____) _____ - _____

Employed From ____/____/____

Employed To ____/____/____

Starting Pay or Salary _____

Final Pay or Salary _____

Reason For Leaving (Be Specific)

List the Jobs You Held, Duties Performed, Skills Used or Learned, Advancements or Promotions Received when Employed at this Company.



APPLICATION FOR EMPLOYMENT

EMPLOYER 2

Employer 2 – Business Name _____

Address _____

City _____ State _____

Zip Code _____

Phone Number (____)____-_____

Employed From ____/____/____

Employed To ____/____/____

Starting Pay or Salary _____

Final Pay or Salary _____

Reason For Leaving (Be Specific)

List the Jobs You Held, Duties Performed, Skills Used or Learned, Advancements or Promotions Received when Employed at this Company.

EMPLOYER 3

Employer 3 – Business Name _____

Address _____

City _____ State _____

Zip Code _____

Phone Number (____)____-_____

Employed From ____/____/____

Employed To ____/____/____

Starting Pay or Salary _____

Final Pay or Salary _____

Reason For Leaving (Be Specific)

List the Jobs You Held, Duties Performed, Skills Used or Learned, Advancements or Promotions Received when Employed at this Company.



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ADDITIONAL QUALIFICATIONS

Please include any additional information that you wish to provide to describe your qualifications.

MESSAGE

Include a personal message here if you'd like. You might want to let us know how you heard about us and why you'd like to work for Amtech.

CERTIFY & COMPLETE APPLICATION

Did You Complete This Application Yourself? ___ Yes ___ No

If Not, Who Completed the Application?

By signing below, you agree that the information you have provided is truthful and to the best of your knowledge. You also acknowledge that applicants may be tested for illegal drugs.

Sign _____ Date ____/____/____