

Equal Employment Opportunity. It is our policy to seek and employ the best qualified personnel and to provide equal opportunity for the advancement of employees and to administer all of our personnel policies in a manner that will not discriminate against any person because of race, color, religion, age, sex, marital or veteran status, national origin, ancestry, disability, on the job injuries, or any other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the operation of our business.

APPLICATION FOR EMPLOYMENT

First Name	Middle Initial	Last Name			Position(s) Applied For:	Date of Application:	
Street Address		City	State	Zip	1	Date Available:	
Phone (Home or Cell)		Phone (Work)				2	Pay Rate Expected:
Email Address							

Are you known to schools/references by another name? Yes No

Name: _____

Are you able to work: Part Time Full Time

Have you been employed by Andgar in the past? Yes No

Have you ever been convicted, pled guilty, no contest or forfeited bond for any **traffic violations** in the past three years?

If yes, give details. Yes No

How did you hear about this position? _____

Are you authorized to work in the United States? Yes No

Are you 18 years of age or older? Yes No

Do you have relatives employed by Andgar? Yes No

Name of relative employed by Andgar: _____

Do you possess a valid drivers license? Yes No

Name of High School Attended	City	State	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
College - Names of Colleges or Universities Attended		Major	Dates Attended From To	Degree

List any vocational or on-the job training you have completed that would be useful in this position.

List any licenses you hold which are necessary or useful in this position.

Name and phone number of three **professional** references not related to you **AND** how you know them.

Name:	Phone#	Relationship?
Name:	Phone#	Relationship?
Name:	Phone#	Relationship?

EMPLOYMENT HISTORY: Please account for ALL periods of employment, including any self-employment, and U.S. military service.

Current/ Most Recent Employer:	Job Title:
Address:	*Duties:
Supervisor:	
Phone:	
Employed From: To:	
May we contact this employer? Yes No	Reason for leaving:
Previous Employer:	Job Title:
Address:	*Duties:
Supervisor:	
Phone:	
Employed From: To:	
May we contact this employer? Yes No	Reason for Leaving:
Previous Employer:	Job Title:
Address:	*Duties:
Supervisor:	
Phone:	
Employed From: To:	
May we contact this employer? Yes No	Reason for Leaving:
Previous Employer:	Job Title:
Address:	*Duties:
Supervisor:	
Phone:	
Employed From: To:	
May we contact this employer? Yes No	Reason for leaving:

Verification Statements

1) I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, incomplete, misrepresentation or omission, as well as any misleading statements or omissions, generally **will** result in denial of employment or immediate termination, regardless of when and how discovered. I also understand that providing information other than that requested on this application will result in the disqualification of this application.

2) I understand that I may be required to submit to a pre-employment physical or other professional examinations, and pre-employment drug tests for the presence of drugs and/or alcohol. I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.

3) I understand that I may resign or be terminated, without cause or notice, at any time, unless otherwise stated in an employment contract. I also understand that a company owner is the only person who will ever have the authority to agree to any other terms and/or enter into such contracts and that all such agreements for other terms of employment or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in an employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

BY SIGNING THIS FORM, YOU AGREE YOU HAVE READ EACH STATEMENT, REVIEWED ALL INFORMATION PROVIDED AND ATTEST TO THE ACCURACY OF THE APPLICATION AND ANY SUPPORTING DOCUMENTS PROVIDED.

Signature _____ **Date** _____