



Employment Application

Please Print

Date _____

Name _____
Last First Middle

Address _____
No. Street City State Zip

Business Telephone (____) _____ Home Telephone (____) _____ Soc. Sec. No. _____

Cell Phone (____) _____ Email Address _____

Employment Desired

Position applying for: _____

Are you applying for:

Regular full-time work?	Regular part-time work?	Temporary work?	Shift:			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	4 th <input type="checkbox"/>

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available? _____

Are you available for work on weekends? Yes No Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____ Salary Range: _____

Personal Information

Have you ever applied to or worked for AI before?.....Yes No If yes, when? _____

How did you hear about the position? Internet Ad Agency Relative/Friend Other _____

Name of Source and Department (If Applicable) _____

Do you have any friends or relatives working for AI? Yes No

If yes, state name(s) and relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes No Are you at least 18 years old? Yes No

(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

If no, describe the functions that cannot be performed. Yes No

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants and/or employees to perform essential job functions. Hire may be subject to passing a medical examination, and to skill and agility tests.



Anthony International Employment Application

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Applicants please answer the following if the position you are applying for either requires that you drive your vehicle for errands / business or if you will drive a company vehicle:

Has your driver's license ever been revoked or suspended?.....Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

Some of our customers (clients) do not speak English. Do you speak, write, or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have other experience, training, qualifications, or skills, that you feel make you especially suited for work at AI?

If so, please explain: _____

Do you have a current non-compete agreement with any current or former employer? Yes No

If yes, explain _____

Education, Training and Experience

School	Name and Address of Institution	No. of years Completed	Did you Graduate?	Degree, Diploma or Certificate
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Business / Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Special Training			Yes <input type="checkbox"/> No <input type="checkbox"/>	



Computer Skills

PC Type			Programs / Software							
IBM	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
MAC	Yes <input type="checkbox"/>	No <input type="checkbox"/>								
Typing Speed:			Proficient	Minimal	Yrs. of Exp.		Proficient	Minimal	Yrs. of Exp.	
			Word	<input type="checkbox"/>	<input type="checkbox"/>	_____	SolidWorks	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Excel	<input type="checkbox"/>	<input type="checkbox"/>	_____	Publisher	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Access	<input type="checkbox"/>	<input type="checkbox"/>	_____	PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Outlook	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other:	_____		
wpm/accuracy										

Military Service

Did you obtained any special skills or abilities as the result of service in the military?.....Yes No

If so, describe: _____

Answer the following questions, if you are applying for a professional position

Are you licensed/certified for the job applied for? Yes No License/certification number: _____

Name of license/certification _____ Issuing state _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement

References

List below three persons not related to you, who have knowledge of your work performance within the last three years.

1) Name _____

Address _____
 No. Street City State Zip

Professional or Personal Occupation _____

Telephone No. (____) _____ Email: _____ Number of Years Acquainted _____

2) Name _____

Address _____
 No. Street City State Zip

Professional or Personal Occupation _____

Telephone No. (____) _____ Email: _____ Number of Years Acquainted _____

3) Name _____

Address _____
 No. Street City State Zip

Professional or Personal Occupation _____

Telephone No. (____) _____ Email: _____ Number of Years Acquainted _____



Employment History

List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. This section must be completed, even if you are attaching a resume.

1) Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____ Title _____

Your Position/Title: _____ List your Job Duties and Responsibilities: _____

Dates of Employment (List Month & Year): From _____ To _____

Pay/Salary - Starting _____ Hr. / Wk./Yr. Ending _____ Hr. / Wk./Yr.

Full-time: _____ Part-time: _____ Temporary: _____ Contract: _____ Number of hours worked weekly: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Notes: _____

2) Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____ Title _____

Your Position/Title: _____ List your Job Duties and Responsibilities: _____

Dates of Employment (List Month & Year): From _____ To _____

Pay/Salary - Starting _____ Hr. / Wk./Yr. Ending _____ Hr. / Wk./Yr.

Full-time: _____ Part-time: _____ Temporary: _____ Contract: _____ Number of hours worked weekly: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Notes: _____



Anthony International Employment Application

3 Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____ Title _____

Your Position/Title: _____ List your Job Duties and Responsibilities: _____

Dates of Employment (List Month & Year): From _____ To _____

Pay/Salary - Starting _____ Hr. / Wk./Yr. Ending _____ Hr. / Wk./Yr.

Full-time: _____ Part-time: _____ Temporary: _____ Contract: _____ Number of hours worked weekly: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Notes:

4) Name of Employer _____

Address _____
No. Street City State Zip

Type of Business _____

Telephone No. (____) _____ Your Supervisor's Name _____ Title _____

Your Position/Title: _____ List your Job Duties and Responsibilities: _____

Dates of Employment (List Month & Year): From _____ To _____

Pay/Salary - Starting _____ Hr. / Wk./Yr. Ending _____ Hr. / Wk./Yr.

Full-time: _____ Part-time: _____ Temporary: _____ Contract: _____ Number of hours worked weekly: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Notes:



Please Read Carefully, Initial Each Paragraph and Sign Below

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

_____ I hereby authorize AI to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to AI any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release AI, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I waive receipt of a copy of any public record described in the paragraph above. Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by AI, I am entitled to copies of any such public records obtained by AI unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

_____ I understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between AI and myself. In addition, I understand and agree that if I am employed, my employment is for no definite or determined period of time and may be terminated at any time, with or without prior notice, at the option of either myself or AI, and that no promises or representations contrary to the foregoing are binding on AI unless made in writing and signed by me and the AI's designated representative.

_____ I hereby agree to submit proof of previous pay information if offered employment by AI by either providing a check stub or W-2 of my most recent employer.

Date _____

Applicant's Name _____
(Please Print)

Applicant's Signature _____
(Signature)

Equal Employment Opportunity Data

To be completed by Applicant:

Completion of this form is entirely **voluntary**, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become part of your personnel record if you are hired by AI.

Name: _____

Race/Ethnicity: American Indian / Alaskan Native Sex: Male Female
 Asian
 Black / African American
 Hispanic / Latino
 Native Hawaiian / Other Pacific Islander
 Two or More Races
 White

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable.

- Vietnam Era Veteran
 - Disabled Veteran
 - Individual with a Disability
-

To be completed by employer:

EEO-1 Category:

- 1.1 Executive/Senior Level - Officials and Managers
- 1.2 First/Mid-Level - Officials and Managers
- 2. Professionals
- 3. Technicians
- 4. Sales Workers
- 5. Administrative Support Workers
- 6. Craft Workers
- 7. Operatives
- 8. Laborers and Helpers
- 9. Service Workers

Employer information completed by:

Name: _____ Date: _____