



EMPLOYMENT APPLICATION

APPLICANT INSTRUCTIONS

Answer all questions-please print. If you have submitted a resume, answer only those questions which will clarify or supplement your resume. Sign this application form.

PERSONAL INFORMATION

In compliance with Federal and State equal opportunity laws qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Position _____ Date _____

Name _____ Phone _____

 Last First Middle Initial Home Business

Address _____

 Street City State Zip

Date(s) Available _____ Minimum Salary Required _____

How Were You Referred to Us? _____

Are you available to work Full-time? Part Time? On Shifts?

Are you of legal age to work? Yes No

If you are not a U.S. citizen, have you the legal right to remain in the U.S.? Yes No

Are you in this country permanently? Yes No

If you are here temporarily, are you authorized for full-time employment by the U.S. Department of Immigration and Naturalization? Yes No

Are you on lay-off and subject to recall? Yes No

Are you a veteran? Yes No If yes, what was your branch of military service? _____ Service Dates From _____ To _____

Specialization? _____ Rank? _____ What is your reserve status Active? Inactive?

Federal regulations require government contractors to provide an opportunity for self-identification to applicants who are handicapped, disabled veterans or veterans of the Vietnam era. This information is submitted on a voluntary basis and used only in accordance with the regulation. It will not subject you to adverse treatment.

Do you have a disability, handicap or a medical condition that limits your job performance? Yes No If yes, please explain _____

Ever receive a security clearance? Yes No If yes, from whom? _____

Please include any other information you think would be helpful to us in considering you for employment, such as volunteer work experience, articles/books published, hobbies/activities, professional society membership, registrations, licenses, special skills or ability to operate special equipment, patents/ inventions, etc... _____

PROFESSIONAL REFERENCES

(List 3 people acquainted with your professional qualifications)

Name	Business and Address	Position/Title	Telephone Number

EMPLOYMENT HISTORY

Employer's Name _____ Address _____ Tel. No. _____
 Employment Dates _____ Reason For Leaving _____
 From _____ To _____
 Starting _____ Salary _____ Terminating _____ Salary _____
 Job Title _____ Job Title _____
 Supervisor's Name and Title _____ May we contact this employer? _____
 Summary of Major Duties and Assignments: _____

Employer's Name _____ Address _____ Tel. No. _____
 Employment Dates _____ Reason For Leaving _____
 From _____ To _____
 Starting _____ Salary _____ Terminating _____ Salary _____
 Job Title _____ Job Title _____
 Supervisor's Name and Title _____ May we contact this employer? _____
 Summary of Major Duties and Assignments: _____

Employer's Name _____ Address _____ Tel. No. _____
 Employment Dates _____ Reason For Leaving _____
 From _____ To _____
 Starting _____ Salary _____ Terminating _____ Salary _____
 Job Title _____ Job Title _____
 Supervisor's Name and Title _____ May we contact this employer? _____
 Summary of Major Duties and Assignments: _____

EDUCATIONAL HISTORY

School Name and Address	Dates Of Attendance		Graduate?		Certificate and/or Degree Course of Study	Grade Ave. or Class Stdg.
	From	To	Yes	No		
Undergraduate School:						
Undergraduate School:						
Graduate School:						
Military/ Additional Training:						

In case of emergency contact _____
 Name _____ Address _____ Telephone Number _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING; I hereby certify that all answers and statements given by me on this application are true and correct without omission and that any misstatement which might adversely affect my qualifications for employment will be cause of discharge at any time. I authorize ATC to investigate my past records and release ATC my current and previous employers, and any other company, institution or agency from any liability arising from such verification. I agree to produce upon request applicable documentation to verify statements made on this application and will also provide a valid driver's license if my position involves driving a vehicle. Further I agree to abide by all company rules, regulations, policies and procedures.

Applicant Signature _____ Witness/Interviewer Signature _____