

APPLICATION FOR EMPLOYMENT

ATTS is an Equal Opportunity Employer (EEO)

Auxiliary aids and services are available upon request to individuals with disabilities.

We **DO NOT** descriminate on the basis of race, color, religion, national origin, sex, age, disability or any other status protected by law or regulation. It is our intention that **ALL** qualified applicants be given equal opportunity and that selection decisions be based on job-related factors **ONLY**. (Please **Print Neatly** With **Black or Blue Ink** and Complete All Blanks)

PERSONAL						
Full Name:						
First	Middle Initial	Last				
Current Address:						
Number Stre	et City	y	State Zip			
Telephone Number: () Social Security Number:						
Email Address:		Date of Birth:	<u>//</u>			
Do you have a valid driver's license? Ye	es 🗌 No 🗌 If No	, State Issued ID #:				
If Yes, Driver's License #:						
Have you had your driver's license suspective suspective of the second s	ended or revoked in					
	Yes 📄 No 📄	Are you a military Vetera	an? Yes 🗌 No 🗌			
Are you legally able to work in the United States?	Yes 🕅 No 🗍	If Yes, Dates of Active Duty:	to			
Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?						
EMPLOYMENT DESIRED						
Job Title:	Date you can sta	art: Wage	Desired:			
Are you available for work: Full-Time [If Part-Time, availability	?:			
EDUCATION						
Do you have a High School Diploma on Name of last school attended:	or GED? Yes 🗌		State:			
Circle last year of school completed:						
Circle the highest degree earned:	High School Diple	oma GED Certificate A	A BD MD PHD Other			
Area of Concentration and/or degree(s), certificates, lice	enses, endorsements:				

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.):



EMPLOYMENT HISTORY

Former Employment (List employers, starting with the c	urrent or mo	st rece	nt . Explain	all gaps in time of emp	loyment.)
Company Name:		Job	Title:		
Address:					
Number Street	City			State	Zip
Start Date: / / End Dat	e:	1	1	Rate of Pay:	
Detailed Job Duties:					
Reason for Leaving:					
Company Name:		Job	Title:		
Address:					
Number Street	City			State	Zip
Start Date: / / End Dat	e:	/	1	Rate of Pay:	
Detailed Job Duties:					
Reason for Leaving:					
Company Name:		Job	Title:		
Address:					
Number Street	City			State	Zip
Start Date: / / End Dat	e:	1	1	Rate of Pay:	
Detailed Job Duties:					
Reason for Leaving:					
May we contact your former employers to verify this in Yes No May we contact your present employer? Yes No			age, race	hibits discrimination in hir e, color, creed, sex, nation n, disability or veteran's si	al origin,
Please provide any additional information about your a this position:	ibilities or i	nterest	ts that ma	akes you a good ca	ndidate for



PERSONAL REFERENCES

List the two individuals who will act as your personal references. Do not list family members.

Name

2.____

Telephone

Relationship

1._____

REFERRAL SOURCE

How did you hear about the position that you are applying for: Internet: ____ Friend: ____ Newspaper: ____ Other: ____

If you were referred by an employee, please print their name here:

ACKNOWLEDGEMENTS

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____I certify that the statements I have made on this application are true and correct. I understand that any misrepresentations made in this application will be sufficient cause for denial of employment with or discharge from The Company. I understand that nothing contained in this application, or the granting of an interview, is intended to be a contract of employment. I also understand that employment with The Company is "at-will" and that either of us may terminate the relationship at any time, for any reason, with or without cause. I certify that if employed by The Company, I will abide by all company rules and regulations.

I authorize The Company to investigate my background to determine my suitability for employment and use any information lawfully obtained for any employment-related purpose permitted by law. This investigation may include checking with the schools and employers I have identified, reviewing criminal conviction and driving records, and verifying any other relevant information about me. I release and waive any claims I may have against and indemnify The Company and any of the schools, former employers and other persons or entities for any loss or injury I may sustain as a result of any disclosure made related to this application.

The use, possession, or being under the influence of illegal drugs or alcohol while on Company time is prohibited and will result in disciplinary action, up to and including termination of employment. I hereby agree to any lawful drug or integrity testing or post-offer medical examination that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge. I authorize any physician, hospital, laboratory or collection site to release to The Company the results of any test or examination or other information which may be necessary to determine my ability to perform the duties of a job for which I am being considered, prior to employment or in the future during my employment with The Company.



I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature:

Date: