

**APPLICATION FOR EMPLOYMENT**  
**A. A. Anderson, Inc.**

**GENERAL**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

Have you ever been employed by A. A. Anderson Inc.  Yes  No

Are you employed now?  Yes  No

May we contact your present employer?  Yes  No

If yes, give name: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this Country because of visa or immigration status?  Yes  No

Type of work desired: \_\_\_\_\_

If applying for a position where driving is required – Do you have a valid driver's license in this state?  Yes  No

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have a valid CDL or commercial license?  Yes  No

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Can you perform the essential functions of the job(s) for which you are applying?  Yes  No

Are you available to work  FULL-TIME  PART-TIME  OVER-TIME

A. A. Anderson, Inc. is an equal employment opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, gender, physical or mental disability, or other protected classifications in accordance with applicable federal and state equal employment opportunity laws. A. A. Anderson, Inc. will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

**EDUCATION**

	<u>Elementary</u>	<u>High School</u>	<u>College</u>	<u>Graduate</u>
School Name & Address	_____	_____	_____	_____
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Course of Study	_____	_____	_____	_____

**SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:**

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

List three (3) non-relatives who are familiar with your qualifications and actual work history and ability.

<u>Name</u>	<u>Occupation/Relationship</u>	<u>Years Known</u>	<u>Telephone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT EXPERIENCE**

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_(mo/yr) to \_\_\_\_\_(mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\*\*\*\*\*

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\*\*\*\*\*

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\*\*\*\*\*

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Address \_\_\_\_\_ Your Job Position \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Employed from \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)  
Your Salary: Starting / Ending \_\_\_\_\_ Duties \_\_\_\_\_  
What did you like most about your job? \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize **A. A. Anderson, Inc.** to investigate all statements contained in this employment application, as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of **A. A. Anderson, Inc.** as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of A. A. Anderson, Inc. or at my option; without notice at any time and for any reason.*

I also understand that no representative of **A. A. Anderson, Inc.** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by an owner of the Company.

I understand this application is not an offer of employment and no promises or representations of employment have made to me at this time.

**I have read, understand, and agree with the above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.*