



AMPM
STAFFING SERVICES

EMPLOYMENT APPLICATION - CONFIDENTIAL -

This is a multi-page(4) application. Please attach a Resumé.

Date: _____ Position Applied For: _____

APPLICANT INFORMATION

First Name _____ Last Name _____ Middle Initial _____ Social Security Number _____

Phone Number _____ Cell Number _____ Alternate Number _____

Email Address _____

Mailing Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different from mailing) _____ City _____ State _____ Zip Code _____

How did you hear about AM-PM? _____ If under 18, can you furnish a work permit? Yes No

Are you a citizen of the United States? Yes No If NO, are you authorized to work in the U.S.? Yes No

Have you ever worked/applied for AMPM? Yes No If YES, when? _____

Have you ever been convicted of a felony? Yes No If YES, explain. _____

Minimum desired Pay. _____ Pay Comment _____ Availability Date _____

EMERGENCY CONTACTS

1. Name _____ Address _____ Phone _____ Relationship _____

2. Name _____ Address _____ Phone _____ Relationship _____

3. Name _____ Address _____ Phone _____ Relationship _____

EDUCATION

High School _____ High School Address _____
Attended from _____ to _____ Did you graduate? Yes No Degree _____

College or University _____ College or University Address _____
Attended from _____ to _____ Did you graduate? Yes No Degree _____

Other _____ Address _____
Attended from _____ to _____ Did you graduate? Yes No Degree _____

PREVIOUS EMPLOYMENT

Company Name 1 _____ Company Address _____ Company Phone Number _____

Job Title _____ Supervisor _____
Date Mo/Yr From _____ Date Mo/Yr To _____ \$ _____ \$ _____
Starting Salary Ending Salary

Duties _____
Reason for leaving _____ May we contact your supervisor for a reference? Yes No

Company Name 2 _____ Company Address _____ Company Phone Number _____

Job Title _____ Supervisor _____
Date Mo/Yr From _____ Date Mo/Yr To _____ \$ _____ \$ _____
Starting Salary Ending Salary

Duties _____
Reason for leaving _____ May we contact your supervisor for a reference? Yes No

Company Name 3 _____ Company Address _____ Company Phone Number _____

Job Title _____ Supervisor _____
Date Mo/Yr From _____ Date Mo/Yr To _____ \$ _____ \$ _____
Starting Salary Ending Salary

Duties _____
Reason for leaving _____ May we contact your supervisor for a reference? Yes No

EMPLOYMENT REFERENCES - LIST THREE

Reference Name	Phone Number	Company Name	Address
Reference Name	Phone Number	Company Name	Address
Reference Name	Phone Number	Company Name	Address

PREFERRED PARISHES

CHECK ALL THAT APPLY.

Jefferson	Orleans	St. James	St. Tammany	Terrebonne
Lafourche	St. Charles	St. John	Tangipahoa	Other

SKILLS/EXPERIENCE/TRAINING

CHECK THE FOLLOWING SKILLS IN WHICH YOU ARE EXPERIENCE IN OR TRAINED.

TECHNICAL

Air Conditioning Tech
Carpenter
Electrician
Heavy Equipment
Hydro blaster
Instrumentation
Maintenance
Mechanic
Painter
Security Guard
Welder

HELPER ONLY

Electrical helper
Electronics helper
Maintenance helper
Mechanic helper
Pipefitter helper
Plumber helper

INDUSTRIAL

Galata
Intern
Material Handler
OSHA Card
Process Technician
Safety Technician
TWIC Card

SOFTWARE PROGRAMS

Access
AutoCAD
Excel
Peachtree
PowerPoint
QuickBooks
Quicken
SAP
Web/Graphic Design
Word

WAREHOUSE

Current Driver's License
Class _____
CDL _____
Dispatcher
Driver
Expeditor
Forklift Operator
Certified
Forklift Operator
Non-Certified
Shipping/Receiving
Warehouse

NON-TECHNICAL

Bilingual
Café Assistant
Custodian
Health Care Aid
Laborer
Lawn Maintenance
Teacher Aide
(Para professional)

GENERAL OFFICE

Administrative Assistant
Cashier
Customer Service Representative
Data Entry
General Clerical
Insurance
Mailroom
Receptionist
Receptionist/Switchboard

BOOKKEEPING/ACCOUNTING

Accounts Payable
Accounts Receivable
Banking/Credit Union
Collections
Full Charge Payroll
General Ledger/Bookkeeper
Payroll Check
Teller
Ten Key
Timekeeper

PROFESSIONAL

Accountant/Financial Analyst
Chemist
Drafter
Engineer
Help Desk/IT
Lab Technician - Industrial
Legal Secretary/Paralegal
Purchaser/Buyer

List any skills not indicated above.

AN EQUAL OPPORTUNITY EMPLOYER

AM-PM Service is an equal opportunity employer. Applicants are considered for all positions without regard to race, color, religion, sex, nationality, origin, disability, martial or veteran status.

In submitting this application for employment, I authorize investigation of all statements contained herein, and it is understood and agreed that any misrepresentation (including omission of information) by me will be sufficient cause for cancellation of the application and/or for separation from the company's service if I have been employed. Upon written request, additional information as to the nature and scope of the investigation, if one is made, will be provided.

I understand and acknowledge that AM-PM offers employment solely on an at-will basis, and that, if I am employed, my employment may be terminated at any time, with or without cause. I also understand and acknowledge that no person or entity has the authority to alter, by written or oral representation, this at-will employment relationship.

Signature _____

Date _____

APPLICANT AUTHORIZATION AND RELEASE OF INFORMATION

(Pursuant of the Fair Credit Reporting Act)

In connection with my application for employment with AM-PM, I authorize the procurement of a consumer report by First Advantage or on its behalf that will seek information as to my character and past employment. Further, I understand and agree that First Advantage may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal report, civil matters, previous employment, educational background, as well as other past experiences. I authorize the release of this information without restriction to AM-PM to which I may be assigned.

I acknowledge that a telephonic facsimile or copy of this release shall be valid as the original. This release is valid for all private persons and entities, and federal, state, county and local agencies and authorities.

Signature _____

Date _____