



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

www.amtnw.com

Position Applied For: _____ Date you can start _____ Referral Source: _____

Name: _____ SSN: _____

Address: _____ Street _____ City _____ State _____ Zip _____ Home Phone: (____) _____

Desired Salary: \$ _____ Cell Phone (____) _____

Emergency Contact _____ Emergency Phone (____) _____

Are you at least 18 years of age? Yes No

Are you a U.S. Citizen or legally authorized to work in the U.S.? Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you willing and available to work?
 Days Evenings Full Time
 Overtime Weekends Nights Holidays

If applying for a job that requires one, do you have a valid driver's license? Yes No

Will you be able to perform the essential functions of the job, with or without reasonable accommodation? Yes No

US Military or Naval Service? Yes No
 Rank _____

Have you been convicted of a felony or misdemeanor? * Yes No

If so, explain _____

** A "yes" answer will not necessarily bar applicant from employment*

Have you previously applied with us? Yes No
 When _____

Have you previously worked with us? Yes No
 When _____

Are any of your records under a different name? Yes No
 If so, what name _____

Is there any reason you might be unable to meet our attendance requirements? Yes No
 If yes, please explain _____

Do you smoke? Yes No

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? _____

SKILLS / ABILITIES:

List any machines you are skilled in using: _____

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: _____

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer: May we contact this employer? Yes No

Address: Phone: ()

Start Date: Leaving Date: Supervisor: Rate of Pay \$

Job Title & Duties:

Why Did You Leave?

Previous Employer: : May we contact this employer? Yes No

Address: Phone: ()

Start Date: Leaving Date: Supervisor: Rate of Pay \$

Job Title & Duties:

Why Did You Leave?

Previous Employer:: May we contact this employer? Yes No

Address: Phone: ()

Start Date: Leaving Date: Supervisor: Rate of Pay \$

Job Title & Duties:

Why Did You Leave?

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

- 1 As a final step in the hiring process, an applicant will be required to take a pre-employment drug screen. Applicants who confirm positive on drug screening will not be considered for employment and may not reapply for one year from the date of testing. If a job offer is made, it will be made contingent upon background screening and reference checks defined in attachment.
- 2 **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
- 3 **I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.

Date _____ Signature of Applicant _____

-----BOX BELOW FOR OFFICE USE ONLY-----

Interviewed by: _____ Date: _____ Proceed to hire process? Yes No

Remarks:

WAGE OFFERED: \$ _____ SHIFT OFFERED: _____ PROJECTED START DATE: _____

SUPERVISOR – SIGN AND THEN FORWARD TO HR FOR HIRING PROCEDURE

Supervisor Signature _____ Date Forwarded to HR _____

____ Submit Background Check ____ Receive Background check results ____ Notify Mgr of results ____ Proceed? Yes No

____ Schedule UA/Eye Exam ____ Receive UA results ____ Notify Mgr ____ Notify Applicant Hired? Yes No

VOLUNTARY APPLICANT DATA

AMT is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, AMT invites applicants to voluntarily self-identify their race/ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Date: _____ Position applied for: _____

Name: _____

Referral Source: _____ Advertisement (print) _____ Employee Referral _____ Walk-in
_____ Employment Agency _____ Internet (specify site) _____
Other _____

EEO Survey

Government agencies require periodic reports on the sex and ethnicity of applicants and employees. This data will be used for analysis and reporting only. **Choose one race/ethnic group. Submission of information is voluntary.**

Sex: _____ Male _____ Female

Race/Ethnic Group : _____ Hispanic or Latino _____ White _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ Asian
_____ American Indian or Alaska Native _____ Two or more races

Definitions

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races

WAIVER

Authorization to obtain records and other information for employment purposes

To the applicant: This form must be filled out completely. Leave no blanks. Direct any questions to the employment office **READ ALL INFORMATION CAREFULLY BEFORE SIGNING.**

I hereby authorize Senior Operations LLC, AMT Division, to utilize the services of an outside agency to make an investigation of my personal employment history, education and financial and credit records. **If financial and or credit records will be requested, I acknowledge I have received notification of how this record is substantially related to the position I am applying for.** I understand that these investigations will include information of public record, which could include driving records; civil and criminal court records; county, state and federal tax liens; notices of default and bankruptcies, and other records as may be appropriate. Previous employment references will also be verified. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information of my application form may result in termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Yes _____ No _____
Signature & Date Signature & Date

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

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PLEASE PRINT CLEARLY

NAME <i>Last</i>	<i>First</i>	<i>Middle</i>
OTHER NAMES USED	<i>Maiden names, aliases, nicknames</i>	<i>Phone</i>
ADDRESS		<i>Date of Birth</i>
CITY/STATE/ZIP		<i>Social Security Number</i>
DRIVER LICENSE NUMBER	<i>State</i>	<i>Type</i>

**As a current resident of California, Oklahoma or Minnesota I wish to receive a copy of the report.
(Circle one) Yes No**

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

In considering you as an applicant for employment or as a current employee, Senior Operations, LLC, AMT Division may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment, (2) making a decision whether to offer employment, (3) deciding whether to continue your employment, or (4) making other employment related decisions directly affecting you.

In accordance with the Fair Credit Reporting Act of 1996, if employment is denied based either wholly or partly because of information contained in that report you may, within a reasonable period of time, request a complete and accurate disclosure of the nature and scope of the information requested as well as a written summary of your rights under the Fair Credit Reporting Act. This disclosure will be made to you within five days of the date on which we receive your request or five days after the date the report was first requested, whichever is later.

For explanation purposes, a "consumer reporting agency" is a person or business, which on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on you character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

AUTHORIZATION

By signing below I voluntarily authorize **Senior Operations LLC, AMT Division** to obtain either a consumer report and/or an investigate consumer report about me from a consumer reporting agency in order to consider me for employment. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

(Signature)

(Date)

(Print Name)

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you, must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit report;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as a result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.