

EMPLOYMENT APPLICATION

AOCUSA is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Incomplete information could disqualify you from further consideration. Please complete all fields.

Name _____ Date _____
first middle last suffix

Home Phone # _____ Mobile Phone # _____

Address _____

Email Address _____

Are you eligible to work in the U.S.? Yes No

Are you at least 18 years or older? Yes No

If no, you may be required to provide authorization to work.

Have you ever been terminated from employment or asked to resign by an employer? Yes No
If yes, please provide company names and details on the reverse of this application.

Can you work any shift? Yes No

If no, please list availability _____

Can you work overtime, including weekends? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate/Salary desired _____

Position desired _____

Are you currently employed? Yes No

If yes, may we inquire of your present employer? Yes No

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REFERRAL SOURCE

How did you hear about us? _____

Have you ever worked for this company before? ___Yes ___No

If yes, please list location, position, dates of employment, and details on the reverse of this application.

Do you know anyone who works for our company? ___Yes ___No If yes, who? _____

Have you worked for this company as a temporary worker? ___Yes ___No

If yes, How long _____ Depts _____ Shifts _____

EDUCATION

	Name and Location	# of Years Attended	Type of Degree	Degree Received	Subjects Studied/Major
High school				Y / N	
College/ University				Y / N	
Trade/ Other				Y / N	

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration. If additional entries are needed, include them on the reverse of this application.*

From _____ To _____ Job Title _____

Employer Name _____ Location _____

Supervisor Name _____ Title _____

Work Performed _____

Reason for Leaving _____

From _____ To _____ Job Title _____

Employer Name _____ Location _____

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Supervisor Name _____ Title _____

Work Performed _____

Reason for Leaving _____

From _____ To _____ Job Title _____

Employer Name _____ Location _____

Supervisor Name _____ Title _____

Work Performed _____

Reason for Leaving _____

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? Yes No If yes, please explain _____

Computer Skills, please describe _____

REFERENCES

Provide the names of three persons, not related to you, whom you have known at least three (3) years.

Name	Phone #	Company	Relationship	Years Acquainted

AOCUSA

Please read carefully before signing.

AOCUSA is an equal opportunity employer. AOCUSA does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for AOCUSA to hire me. If I am hired, I understand that either AOCUSA or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of AOCUSA has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to AOCUSA true and complete information on this application. No requested information has been concealed. I authorize AOCUSA to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature _____ Date _____

THIS APPLICATION IS VALID FOR 60 DAYS FROM THE DATE SIGNED AND DATED ABOVE.