

EMPLOYMENT APPLICATION



Allies, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

Applicant Information

Position(s) Applying For:		Application Date:	
Last Name:	First Name:	Middle Initial:	
Street Address:	City:	State:	Zip:
Phone:	Cell:	Email:	
How did you hear about us?	<input type="checkbox"/> Craigslist	<input type="checkbox"/> Current Employee (Name): _____	
	<input type="checkbox"/> Facebook post	<input type="checkbox"/> Other: _____	

General Questions

- 1) Are you currently authorized to work in the US? (*Proof of eligibility will be required upon employment*) Yes No
- 2) Are you 18 years of age or older? Yes No
- 3) Can you with or without reasonable accommodation perform the essential functions of this job? Yes No
(*If you have any questions about the functions of the job, please ask the interviewer before answering this question*)
- 4) Have you ever applied to our company before? Yes No
(*If yes, please give date: _____*)
- 5) Have you ever worked for our company before? Yes No
(*If yes, please give date: _____*)
- 6) Do you have a valid driver's license? Yes No
- 7) What salary or rate of pay do you expect to receive if employed? \$ _____ per _____
- 8) Have you ever been fired or asked to resign from a job? Yes No
If yes, please explain: _____
- 9) Are you willing to work additional time on short notice? Yes No
- 10) On what date would you be available to work? _____

Days and hours available to work, please check the box to show you are available:

- Weekends (Required) Occasional 4am start time Flexible Shifts

IN CASE OF EMERGENCY NOTIFY: NAME: _____ PHONE: _____



Education				
	Name/Location	Major	# Yrs Attended	Diploma/Degree
High School				
College				
Vocational				

Describe any specialized training, apprenticeships, licenses or skills that will help you perform the duties of this position (Do Not Leave Blank): _____

Employment History (Do not leave blank, or refer to resume)		
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Company Name		Employment Dates		Name & Title of Supervisor
		From	To	
		/ /	/ /	
Address:				Describe your job duties:
Phone Number:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for Leaving and explanation:				

Company Name		Employment Dates		Name & Title of Supervisor
		From	To	
		/ /	/ /	
Address:				Describe your job duties:
Phone Number:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for Leaving and explanation:				



Company Name		Employment Dates		Name & Title of Supervisor
		From	To	
		/ /	/ /	
Address:				Describe your job duties:
Phone Number:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for Leaving and explanation:				

Company Name		Employment Dates		Name & Title of Supervisor
		From	To	
		/ /	/ /	
Address:				Describe your job duties:
Phone Number:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for Leaving and explanation:				

Company Name		Employment Dates		Name & Title of Supervisor
		From	To	
		/ /	/ /	
Address:				Describe your job duties:
Phone Number:				
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for Leaving and explanation:				

References				
(Please list 3 people, who are not related to you or are previous supervisors, who can provide professional references.)				
Name	Address	Phone	Relationship/Occupation	Years Known



Applicant Acknowledgement and Authorization

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by COMPANY NAME (hereinafter referred to as "COMPANY") that such employment with Company is at will, for no specified duration and may be terminated by either Company or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Company or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with Company, if employed, I agree to conform to the rules, regulations, policies and procedures of Company. I understand that if offered a position with Company, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results, from refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Company and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and phone number of person completing this form if other than applicant:

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____

Today's Date: _____

Remarks:

Hired:

Yes No

Official Start Date: _____

Starting Salary/Wage: \$