



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

www.amtnw.com

Position

Applied For: _____ **Date you can start** _____ **Referral Source:** _____
 (Will not accept "open" or "any")

Name: _____

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

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?
 - Full Time
 - Days Evenings Nights
 - Overtime Weekends Holidays
- If applying for a job that requires one, do you have a valid driver's license? Yes No

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

<u>Education/Training</u>	<u>Name & Location of School</u>	<u>Did you graduate?</u>	<u>Subjects Studied</u>
High School			
College			
Other Training (Particularly that led to license or certification)			

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: _____

Are you taking or do you plan to take any additional education that would apply to this position? If so, what? _____

**** Do not specify "SEE RESUME". Resumes only will not be considered for employment.
An AMT application must accompany all interested applicants.**

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

Applications will be active for 60 days and subject to review for job vacancies during that time

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

Interviewed by: _____	Date: _____	Proceed to hire process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION: _____	WAGE OFFERED: \$ _____	SHIFT OFFERED: _____	INDIRECT CODE: _____	STARTDATE: _____
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
____ Schedule UA/Eye Exam	____ Receive UA results	____ Notify Mgr	____ Notify Applicant	Hired? <input type="checkbox"/> Yes <input type="checkbox"/> 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: Everett Herald Employee Referral (name)_____ Walk-in
- Temp Agency Bellingham Herald Amtnw.com website Worksource
- Monster.com Craigslist.com Other: (please specify)_____

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.