

**AKRF, INC. EMPLOYMENT APPLICATION**

We are an Equal Opportunity Employer. All persons shall have the opportunity to be considered for employment without regard to their race, color, creed, religion, national origin, ancestry, citizenship status, age, disability, sex, gender, gender identity or expression (including transgender status), sexual orientation, veteran status, genetic information or any other characteristic protected by applicable federal, state or local laws.

We will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview, please let us know.

**GENERAL INFORMATION**

LAST NAME	FIRST NAME	M.I.	HOME PHONE
STREET ADDRESS			CELL PHONE
CITY AND STATE			ZIP CODE
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			WHEN WILL YOU BE ABLE TO BEGIN WORK?
Pursuant to the Immigration Reform and Control Act of 1986, all applicants who are offered employment must produce documents establishing their identity and authorization for employment in the United States. These documents must be produced no later than seventy-two (72) hours after employment commences. In addition, all new hires will be required to verify their employment authorization under oath by signing INS Form I-9.			DATE _____
IF YOU ARE UNDER 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**EMPLOYMENT INFORMATION**

POSITION DESIRED _____	HOURS DESIRED _____
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> TEMPORARY	SALARY/RATE OF PAY DESIRED _____
HAVE YOU EVER BEEN EMPLOYED BY AKRF, INC.? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date, department, name of supervisor and reason for leaving.	
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH AKRF, INC.? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date. _____	
WHO REFERRED YOU TO AKRF, INC.? (TWITTER, LINKEDIN, RECRUITING FIRM, WEBSITE, ETC.) _____	
DO YOU HAVE ANY RELATIVES WORKING FOR AKRF, INC.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please identify them. _____	

**EDUCATIONAL HISTORY**

NAME AND LOCATION	COURSE OF STUDY	DEGREE OR DIPLOMA
HIGH SCHOOL		
COLLEGE		
GRADUATE SCHOOL		
OTHER SCHOOLING (VOCATIONAL, POST-GRADUATE)		

## EMPLOYMENT HISTORY

**Instructions for completing this section: Please print and list all prior employers, beginning with your PRESENT or MOST RECENT employer.** Please attach additional sheets to this application if necessary. Complete all requested information in full. Please include as part of your employment history any verified work performed on a volunteer basis and/or work performed while in the military.

EMPLOYER (first most recent)	EMPLOYER (second most recent)
Address  City _____ State _____	Address  City _____ State _____
Dates Employed: From _____ To _____ Supervisor _____ Phone _____	Dates Employed: From _____ To _____ Supervisor _____ Phone _____
Positions Held _____	Positions Held _____
Duties _____	Duties _____
Reason For Leaving _____	Reason For Leaving _____
EMPLOYER (third most recent)	EMPLOYER (fourth most recent)
Address  City _____ State _____	Address  City _____ State _____
Dates Employed: From _____ To _____ Supervisor _____ Phone _____	Dates Employed: From _____ To _____ Supervisor _____ Phone _____
Positions Held _____	Positions Held _____
Duties _____	Duties _____
Reason For Leaving _____	Reason For Leaving _____

IS THERE ANY REASON WHY WE SHOULD NOT CONTACT ANY CURRENT OR FORMER EMPLOYER FOR A REFERENCE? Yes ☐ No ☐

IF YES, PLEASE IDENTIFY THE EMPLOYER AND EXPLAIN WHY NOT.

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IF YOU ARE A MILITARY VETERAN, PLEASE NOTE ANY JOB-RELATED TRAINING YOU RECEIVED WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

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PLEASE INDICATE ANY JOB-RELATED SKILLS AND QUALIFICATIONS YOU POSSESS WHICH WOULD HELP YOU PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING.

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### REFERENCES

PLEASE LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE REFERENCES WHO HAVE KNOWLEDGE OF YOUR CAPABILITY TO PERFORM THE DUTIES OF THE POSITION YOU ARE SEEKING. PLEASE EXCLUDE RELATIVES.

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**Maryland Applicants:** Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

### APPLICANT'S STATEMENT

#### PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BELOW

I have read and fully understand the questions asked in this application. I certify that all of the answers I have given are true, accurate and complete. I understand that the omission and/or misrepresentation of any fact from or on this application or during any interview will result in immediate rejection of my application or if I am hired will be cause for immediate dismissal. Unless I noted otherwise, I authorize the Company to contact all my employment references, as well as the education institutions I have attended. I further authorize the Company to inquire about, investigate and obtain copies of any records which relate to me from my former employers and educational institutions to the extent permitted by applicable law. I hereby release the Company and all affiliated persons and entities, as well as any person or institution that provides the Company with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.

I agree to abide by all of the rules and regulations of the Company. I understand that nothing in this application shall constitute an offer, a contract or a guarantee of employment for a specific period of time. **If hired, I understand that my employment may be terminated with or without cause and with or without notice at any time, at the will of the Company or me.** In addition, I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms and conditions of employment with or without notice. As a condition of my employment, I agree to the extent permitted by law to waive my right to a jury trial in any action or proceeding related to my employment or the termination of my employment with the Company. I am waiving my right to a jury trial voluntarily and knowingly, and free from coercion \_\_\_\_\_. Initials

I understand that any hiring decision is contingent upon my successful completion of all of the Company's lawful pre-employment checks. I agree to execute any consent forms necessary for the Company to conduct its lawful pre-employment checks.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature