



## APPLICATION FOR EMPLOYMENT

We appreciate your interest in our company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. You may complete this application now or return the completed application at a later time. You may show this application to any person of your choice. This application must be completed to be considered for employment.

We are an equal opportunity employer and shall consider qualified applicants for all positions without regard to race, color, sex, religion, national origin, citizenship, age, height, weight, marital or veteran status, handicap/disability or any other protected status.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Last First Middle Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number) (Street) (City, State, Zip)

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Are you 18 or older? Yes ☐ No ☐

Are you a U.S. Citizen? Yes ☐ No ☐ If you are not a U.S. Citizen, do you have the legal right to work in the U.S.? Yes ☐ No ☐

Referred By: \_\_\_\_\_

Have you been previously employed here? Yes ☐ No ☐ If yes, give date(s) and location: \_\_\_\_\_

Have you filed an application here before? Yes ☐ No ☐ If yes, give date(s): \_\_\_\_\_

List any friends or relatives working here: \_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_ Salary desired \_\_\_\_\_ Date available to start work \_\_\_\_\_

Kind of work sought: Full-time ☐ Part-time ☐ Other \_\_\_\_\_ If part-time, please specify hours and days desired: \_\_\_\_\_

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes ☐ No ☐

If necessary, please describe what type(s) of reasonable accommodations are needed: \_\_\_\_\_

Are you employed now? Yes ☐ No ☐ If yes, may we inquire of you at your present employer? Yes ☐ No ☐

### EDUCATION

	Name & Location	No. of yrs. attended?	Course of Study	Degree or Diploma
High				
College				
Other				

### U.S. MILITARY SERVICE

Yes ☐ No ☐

Branch of service \_\_\_\_\_ Rank at discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_ Type of discharge \_\_\_\_\_

Are you in the reserves? Yes ☐ No ☐ If yes, date obligation ends \_\_\_\_\_ Special/technical training \_\_\_\_\_

### REFERENCES (do not include relatives)

	Name	Address	Phone Number	Years Known
1				
2				
3				

FORMER AND CURRENT EMPLOYERS					
LIST LAST FOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT					
DATE: Month and Year	Name & Address of Employer	Salary (per yr., hr, wk, etc)	Position	State Each and Every Reason for Leaving and/or Termination of Employment	Name & Phone of Immediate Supervisor
FROM:		Ending:			Name:
TO:		Starting:			Phone: Do we have permission to contact current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
FROM:		Ending:			Name:
TO:		Starting:			Phone:
FROM:		Ending:			Name:
TO:		Starting:			Phone:
FROM:		Ending:			Name:
TO:		Starting:			Phone:
FROM:		Ending:			Name:
TO:		Starting:			Phone:

- I certify that all of the information now or hereafter given by me in support of my application is true and complete and understand that any falsification, misrepresentation, or omission of this information is grounds for a rejection of this application or dismissal of my employment if I am hired.
- I authorize you to verify any of the information I have stated on this application including, but not limited to, information concerning my employment, education, or credit history with the appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosures.
- I also authorize you to release any information required by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures.
- If hired, I agree I will serve at the will of Acro Service Corp. and/or its affiliates ("the company") and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the company as they are from time-to-time changed without notice to me. I agree that either party may terminate the employment relationship, with or without cause, with or without notice, at any time for any reason.
- I hereby authorize the company to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the company during the course of my employment. I further agree that if I should bring any action or claim arising out of my employment against the company in which the company prevails, I will pay the company any and all costs incurred by the company in defense of said claims, or actions, including attorney's fees.
- If employed, I understand that if I am or become handicapped in need of accommodations for employment, I must notify the President in writing within 182 days after the need is known.
- I hereby attest that I am not currently using any illegal drugs and that if employed, I agree that I will not use any illegal drugs at any time while in such employ.
- I further agree that my employment is conditional until such time as the results of my post offer physical and/or drug testing (if such physical and/or drug testing is required) are known.
- I agree that any action or suit against the company, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary.
- I understand that no officer or representative of the company other than the President of the company has any authority to enter into any agreement contrary to the foregoing, and that any such agreement must be in writing.

I have read and agree to the terms of each and all of the above ten (10) individual statements:

\_\_\_\_\_

Date

\_\_\_\_\_

Signature