



"Empower to Make a Difference"

EMPLOYMENT APPLICATION

Today's Date: _____

Last Name: _____ First Name: _____

Middle Initial: _____

Present Street Address City, State, County, Zip Code, Telephone No. (Do not list P.O. Box):

Email Address: _____ Cell Phone Number: _____

In case of an Emergency Contact: _____

Relationship: _____

Phone Number: _____ Contact Phone Number (2): _____

Position Applying For: _____

Full Time ☐ Part Time ☐ Temporary ☐ Seasonal ☐

Shifts available to work: _____ AM _____ PM

Work Availability: (list the dates and times available for work)

Are you at least 18 years of age? Yes ☐ No ☐

Are you legally authorized to work in the United States? *Proof of legal authority to work in the United States will be required upon employment* Yes ☐ No ☐

Expected Rate of Pay \$ _____ per _____

Available Start Date: _____

PERSONAL INFORMATION

Referred By: (Please check applicable box and specify if other source)

- ☐ Agency
- ☐ School, please specify _____
- ☐ Internet Site, please specify _____
- ☐ Newspaper, please specify _____
- ☐ Current or previous Employee _____
- ☐ Other, please specify _____

EMPLOYMENT HISTORY

Do not use "see resume" in lieu of completing application form. Please complete all sections thoroughly. Start with most recent or present employer. Include part time and self-employment. Explain periods of non-employment below. Employed Earnings Other Compensation From-To, Beginning-Ending

1) Employer: _____

Address: _____

Job Title: _____

Your responsibilities:

Name of Supervisor: _____

Reason for Leaving: _____

Title of Supervisor: _____

May we contact this employer? Yes ☐ No ☐

Telephone No. _____

From To Beginning Ending: _____

2) Employer: _____

Address: _____

Job Title: _____

Your responsibilities:

Name of Supervisor: _____

Reason for Leaving: _____

Title of Supervisor: _____

May we contact this employer? Yes ☐ No ☐

Telephone No. _____

From To Beginning Ending: _____

3) Employer: _____

Address: _____

Job Title: _____

Your responsibilities:

Name of Supervisor: _____

Reason for Leaving: _____

Title of Supervisor: _____

May we contact this employer? Yes ☐ No ☐

Telephone No. _____

From To Beginning Ending: _____

Please explain periods of non-employment

EDUCATION

Name and Address of School	Number of Years Completed	Major or Type of Coursework Degree/Certificate	Did You Graduate ?

EDUCATION

Other (Seminars, Adult Education, Correspondence Courses) _____

Do you currently possess a valid First aid/CPR Certificate: Yes () No ()

Do you possess any certificate related to position you are applying for: Yes () No ()

Type of certificate you have:

If you are applying for a position where driving is a requirement of the job, please answer the following questions:

Do you have the full use of an automobile? Yes ☐ No ☐

Do you have a valid driver's license? Yes ☐ No ☐ License #

_____ Issuing State _____ Exp. Date _____

Within the past three years:

How many moving violations have you had? _____

How many traffic accidents have you had? _____

Why are you currently seeking employment?

In what computer software programs are you proficient?

What other experiences or skills do you feel may qualify you for a position?

Have you previously been employed by AMD/GriT? Yes ☐ No ☐

Position(s) held _____

Under what name? _____

From _____ To _____

Reason for Leaving _____

All persons shall have equal employment opportunities with AMD Care Services LLC (GriT DP/TDS) regardless of race, color, creed, religion, national origin, ancestry, sex, marital status, sexual orientation, disability, age and any other legally protected class and within the framework of federal law regarding age discrimination, employment of the handicapped and Vietnam era veterans. Employment shall be based solely on the Company's need and the individual's qualifications.

I certify that I have completed this application and the statements I have made in this application are true and complete. I authorize investigation of all statements contained in this application which AMD may deem relevant to my employment and authorize my previous employers or other persons having information concerning my records or me to report such information to AMD. I hereby release AMD, my former employer or other persons who may provide information from any liability as a result of providing such information. I understand and agree that if it is subsequently discovered that the information is untrue or that I have failed to disclose a material fact, any offer of employment made to me by AMD may be immediately withdrawn or if I am already employed by AMD, I may be subject to immediate dismissal at AMD's option. In such event, the withdrawal of any offer of employment made to me or the termination of employment shall be without any obligation or liability to me by AMD, other than for wages at the rate agreed upon for work I have performed for AMD. If I become employed, in consideration of my employment, I understand that I must comply with the rules, regulations, policies and procedures of the company. I am aware of and understand the physical requirements of the job and certify that I can and will perform these requirements in a safe manner, with or without accommodation.

In accordance with the Immigration and Control Act of 1986 AMD will only hire United States citizens and aliens lawfully authorized to work in the United States. I understand that I will be required to complete the designated employment eligibility verification I-9 Form as a condition of employment. I understand that I may be required to undergo drug testing and/or a background check and that my employment is contingent upon these results. I will be advised if this is required and complete the necessary authorizations. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest, nor may AMD ask me if I have had records sealed or expunged.

I understand and agree that if I am employed as a result of this application, my employment will be at **at-will**, which I understand means that I will not be employed for any definite period of time and that my employment may be terminated at any time.

Signature: _____

Date: _____

Equal Opportunity Employer