



Employment Documentation

Today's Date	Position Applying For
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Contact Information

Name	City	
Address	State	Zip
Home Phone	Best Time to Contact	
Mobile Phone	Mobile Carrier	
Email	Preferred Method of Contact	

Tax Information

Date of Birth	Social Security #
Maiden Name or Alias	Sex
Marital Status	Race or National Origin

AMP is an Equal Opportunity Employer. AMP is only asking for your race or national origin because we are required to by federal law. This information is completely confidential and will NOT be used in any way to discriminate or prevent you from being hired.

Background Information

Have you ever been fired from any job?	Y or N	Explain
Have you ever been convicted of a felony?	Y or N	Explain
Have you ever been convicted of a crime as an adult?	Y or N	Explain
Are you currently under any charges?	Y or N	Explain
Have you filed a claim for a work-related injury within the last 12 months?	Y or N	Explain
Are you a user of or under treatment for either illegal drugs or alcohol?	Y or N	Explain
Do you have any medical conditions or restrictions that would inhibit working?	Y or N	Explain
Are you currently or have you ever served in a branch of the US Military?	Y or N	Explain
Have you ever been discharged under any conditions other than honorable?	Y or N	Explain

How did you hear about us?

Name of Friend or Co-Worker?	
Name of Website?	Other?



Professional Experience	
<i>Please list your most recent employer first</i>	
Employer	Telephone
Address	City, State, Zip
Job Title	Dates Employed
Duties	Reason for Leaving
Supervisor's Name	Pay Rate
Employer	Telephone
Address	City, State, Zip
Job Title	Dates Employed
Duties	Reason for Leaving
Supervisor's Name	Pay Rate
Employer	Telephone
Address	City, State, Zip
Job Title	Dates Employed
Duties	Reason for Leaving
Supervisor's Name	Pay Rate
Employer	Telephone
Address	City, State, Zip
Job Title	Dates Employed
Duties	Reason for Leaving
Supervisor's Name	Pay Rate

AUTHORIZATION	
<p><i>I, the below signed applicant, state that I am applying for employment with New Work City. I certify that all answers contained in this application are true and correct to the best of my knowledge. I authorize New Work City to investigate any statement within and to obtain a criminal background check on me as necessary to determine my qualifications. I understand that any false, misleading or the omission of information in my application may result in immediate termination of employment.</i></p>	
Signature _____	Date _____



Education			
Name of Degree		Name of Institution	
Major or Specialty	Dates Attended	Graduation Date	
Name of Certificate			
Type	Date Received	Expiration Date	
Name of License		License #	State
Type	Date Received	Expiration Date	
List Any Training That You Feel is Important			

References	
Name & Title of Supervisor	Company Name
Dates Employed	Telephone Number
Name & Title of Supervisor	Company Name
Dates Employed	Telephone Number
Name & Title of Supervisor	Company Name
Dates Employed	Telephone Number

AUTHORIZATION	
<p><i>I, the below signed applicant, state that I am applying for employment with New Work City. I authorize my references and their subsidiaries and affiliated companies to provide information, relating to my past employment, and to supply any and all information concerning my background; and I release them from liability and hold them harmless for providing such information. I am willing that a photocopy of this authorization will be accepted with the same authority as the original.</i></p>	
Signature _____	Date _____