



Application for Employment

American Outfitters, Ltd is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

Personal Information

Last Name	First	Middle	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____			Social Security #
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, What hours can you work? _____			Salary Desired
Are you legally eligible for employment in the United States?			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Desired			
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.			When will you be able to begin work?

Other Special Training or skills (Languages, Machine Operation, etc.)

Education

School	Name and Location of School	Course of Study	Years Completed	Did You Graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Business/ Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment

Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Work	Reason for Leaving

May We Contact This Employer? Yes No If No, Indicate reason:

Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Work	Reason for Leaving

May We Contact This Employer? Yes No If No, Indicate reason:

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Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor	Weekly Pay Start Last
Job Title and Description of Work	Reason for Leaving

May We Contact This Employer? Yes No If No, Indicate reason:

References

Please list two references other than relatives

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone _____

Telephone _____

Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact or obtain information about me from my previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose

This application is not an employment agreement. If I accept an offer of employment, I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

Date

Printed Name

Signature