

AFSI Application for Employment

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference? ☐ ☐

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference? ☐ ☐

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference? ☐ ☐

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference? ☐ ☐

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your previous supervisor for a reference? ☐ ☐

Have you had disciplinary action against you in the past 12 months? ☐ Yes ☐ No *If Yes, please explain:*

Have you ever been dismissed or asked to resign from any job you held? ☐ Yes ☐ No *If Yes, please explain:*

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References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Recruitment Information

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

If you have worked for AFSI in the past, did you leave on good terms? YES ☐ NO ☐

How did you hear about AFSI or this position? ☐ Staffing Agency ☐ Texas Workforce Commission

☐ AFSI employee ☐ College Recruiting

☐ Newspaper or Radio Ad ☐ Walk-In Inquiry

☐ Internet Job Board or Website ☐ Telephone Inquiry

Are you related by blood or marriage to any person now employed by AFSI? YES ☐ NO ☐

If yes, please give name, relation, and department: _____

Name of your referral source: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that I have given true, accurate and complete information (application, work history, skills inventory, resumes, etc.). I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information, or a failure to disclose information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30; G.S. 14-122.1) I expressly waive any right I may have to review material or information received from a previous employer or educational institution under a promise of confidentiality.

Signature: _____ Date: _____

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AFSI EQUAL OPPORTUNITY/AFFIRMATIVE ACTION SURVEY

The Equal Opportunity Commission (EOC) prohibits discrimination based on race, color, sex, sexual orientation, gender identity, religion, age, national origin, ancestry, disability, status as a disabled veteran or veteran of the Vietnam-era, or any other classification protected by federal, state, and applicable local laws and ordinances. The information requested in no way affects you as an applicant. This form will be retained in Human Resources. Its sole use is to ensure our recruitment efforts reach all segments of the population.

Date of Birth: _____ Gender: ☐ Male ☐ Female

EEO-1 Self-Identification: (Please check the particular races)

- ☐ **Hispanic or Latino** – a person of Cuban, Mexico, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **White (not Hispanic or Latino)** – a person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ **Black or African American (not Hispanic or Latino)** – a person having origins in any of the black racial groups of Africa.
- ☐ **Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian (not Hispanic or Latino)** – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- ☐ **American Indian or Alaska Native (not Hispanic or Latino)** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races (not Hispanic or Latino)** – all persons who identify with more than one of the races above, excluding Hispanic or Latino.

Disability:

A disability is any impairment, which substantially limits one or more life activities. A disabled person is one who (i) actually has such impairment; (ii) has a record of such impairment, or (iii) is regarded as having such impairment. You may identify yourself as a person with a disability at any time during your employment with AFSI. Disclosure is voluntary.

Please check each category that applies to you:

- ☐ **Vietnam-Era Veteran** - A person who: (1) served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: (a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (b) between August 5, 1964, and May 7, 1975, in all other cases; or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed; (c) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (d) between August 5, 1975, in all other cases.
- ☐ **Other Eligible Veteran** - A person who: (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge; (2) was discharged or released from active duty because of a service-connected disability; or (3) as a member of a reserve component under an order to active duty, ...during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than a dishonorable discharge.
- ☐ **Special Disabled Veteran** - A person who: (1) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in case of a veteran who has been determined under Section 3105 of Title 38, U.S.C. to have a serious employment handicap; or (2) a person who was discharged or released from active duty because of a service-connected disability.
- ☐ **Disability** - An individual with a disability means any person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

Please separate this page from the application prior to an interview and turn it in to the Human Resource Department.

Dept/Req# _____