



**APPLICATION FOR EMPLOYMENT**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Position Applying for: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Type: Permanent  
 Full-Time  Part-Time Temporary/Contract  
 Full-Time  Part-Time

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you been convicted of a (non-traffic related) misdemeanor or felony in the past 7 years? YES  NO   
*A yes will not automatically disqualify you.*

If yes, explain: \_\_\_\_\_

Do you have a valid Drivers License? YES  NO  If yes, #: \_\_\_\_\_ State: \_\_\_\_\_

**Education**

Select last year of formal education completed.

**Primary**      K 1 2 3 4 5 6 7 8 9 10 11 12

**College**      1 2 3 4 5 6 7 8      **Other**      1 2 3 4  
            

	Dates Attended	Name and Location of School	Did you Graduate?	Title of Degree/Diploma	Major
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Business/Technical School			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Military School/Academy			YES <input type="checkbox"/> NO <input type="checkbox"/>		
College or University			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate School			YES <input type="checkbox"/> NO <input type="checkbox"/>		

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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 Application for Employment

### 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# \_\_\_\_\_