



AGI Industries

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of AGI Industries, Inc. to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

IMPORTANT: Please fill in your response above each line unless otherwise indicated. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.

PERSONAL DATA

FIRST NAME MIDDLE LAST TELEPHONE

PRESENT or PERMANENT ADDRESS IN FULL CITY STATE ZIP

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? Yes No

DO YOU HAVE A VALID DRIVERS LICENSE? Yes No

LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF THE LAW? Yes No IF YES, GIVE FULL PARTICULARS. (THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT):

POSITION INFORMATION

POSITION APPLIED FOR: _____

REFERRAL SOURCE - Online Advertisement Newspaper/Magazine Advertisement Placement Firm Current Employee
 OTHER: _____

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? Yes No

ARE YOU WILLING TO RELOCATE? Yes No

HOW SOON ARE YOU AVAILABLE TO BEGIN WORK? _____

HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY? Yes No IF YES, WHEN? _____ POSITION? _____

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? Yes No

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION: _____

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY? Yes No IF YES, WHEN (MO/YR)? _____

HAVE YOU EVER PREVIOUSLY BEEN INTERVIEWED BY THE COMPANY? Yes No

IF YES, WHEN? (MO.) _____ (YR.) _____ FOR WHAT POSITION? _____

EDUCATION

	Name & Location	Degree or Number of Credits Completed	Dates Attended	Area of Study
High School or Highest Grade Completed				
College/University				
Technical/Vocational /Trade School				

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

IN WHAT LANGUAGES OTHER THAN ENGLISH CAN YOU CONVERSE? _____ Fluent? Yes No

EMPLOYMENT HISTORY

IMPORTANT! STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST IN CONSECUTIVE ORDER ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT SINCE YOU GRADUATED FROM OR LAST ATTENDED HIGH SCHOOL. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY.

Company Name & Address:	Dates of Employment:		Description of Job Duties:
	Position:	Starting/Ending Salary:	
Supervisor Name / Contact #:	Reason for Leaving:		
Company Name & Address:	Dates of Employment:		Description of Job Duties:
	Position:	Starting/Ending Salary:	
Supervisor Name / Contact #:	Reason for Leaving:		
Company Name & Address:	Dates of Employment:		Description of Job Duties:
	Position:	Starting/Ending Salary:	
Supervisor Name / Contact #:	Reason for Leaving:		
Company Name & Address:	Dates of Employment:		Description of Job Duties:
	Position:	Starting/Ending Salary:	
Supervisor Name / Contact #:	Reason for Leaving:		

CAN WE CONTACT YOUR PRESENT EMPLOYER? Yes No

HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED. OR TERMINATED? Yes No IF YES, PLEASE EXPLAIN: _____

SKILLS

LIST ANY SKILLS YOU THINK MAY BE OF VALUE TO THE COMPANY, SUCH AS COMPUTER SKILLS, ETC.

1. _____
2. _____
3. _____
4. _____

REFERENCES

NAME	PHONE NUMBER	RELATIONSHIP (non-relatives only)	OFFICE USE: REFERENCE VERIFIED (NAME/DATE)

MILITARY SERVICE AND STATUS

Completion of this section is voluntary

BRANCH OF SERVICE (IF NONE, STATE NONE): _____

MILITARY OCCUPATION: _____

DATE OF ENTRY INTO ACTIVE DUTY: _____ / _____ DATE OF SEPARATION: _____ / _____
(MONTH/YEAR) (MONTH/YEAR)

RANK AT THE TIME OF SEPARATION: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that an Investigative Consumer Report, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to verify the accuracy of representations made herein and to obtain reference information on my work performance. I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation listed herein, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY RELEASE the Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I HEREBY AUTHORIZE the medical examiner to disclose to the Company any and all findings and conclusions arrived at in any examination performed either prior to employment or during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the Medical Director of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

Signature _____ Date _____

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in AGI Industries, Inc. is appreciated.