



EMPLOYMENT APPLICATION

ALL INFORMATION IS TREATED CONFIDENTIALLY



EQUAL OPPORTUNITY EMPLOYER

This means that both Companies consider applicants for employment without discrimination because of race, national origin, religion, color, ancestry, age, sex, nor marital, handicap, or veteran status. However, applicants selected for employment will be required to present evidence of their eligibility to work in the United States. Also, prospective employees may be required to (1) Provide satisfactory references, (2) Meet medical qualifications; (3) **Must turn in Police clearance AND Court clearance with application.**

PERSONAL DATA	NAME: FIRST/GIVEN			MIDDLE	LAST/FAMILY	APPLICATION DATE
	MAILING ADDRESS:					LENGTH OF RESIDENCE
	HOME ADDRESS:					LENGTH OF RESIDENCE
	ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		HOME PHONE:		MESSAGE PHONE:	
	IN CASE OF EMERGENCY, CONTACT: (NAME AND ADDRESS OF EMERGENCY CONTACT)					EMERGENCY CONTACT HOME PHONE: MESSAGE / WORK PHONE:

EMPLOYMENT DATA	POSITION APPLIED FOR:		REQUESTED RATE OF PAY \$ PFR	DATE AVAILABLE TO START
	WHAT PROMPTED YOUR APPLICATION? <input type="checkbox"/> OWN ACCORD <input type="checkbox"/> EMPLOYEE REFERRAL <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> EMPLOYMENT AGENCY	APPLYING FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> REGULAR <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER	ARE YOU AVAILABLE FOR SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO WHICH SHIFTS? <input type="checkbox"/> SECOND <input type="checkbox"/> THIRD	OCCASIONAL OVERTIME WORK MAY BE REQUIRED, INCLUDING WEEKENDS. CAN YOU WORK OVERTIME DURING THE WEEK? <input type="checkbox"/> YES <input type="checkbox"/> NO WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO

SKILLS	DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES, TYPE: _____ <input type="checkbox"/> NO	WHAT OFFICE MACHINES CAN YOU OPERATE? _____	TYPING SPEED: _____
	PLEASE LIST ANY TRADE SKILLS YOU MAY POSSESS: _____		

U.S. MILITARY RECORD	BRANCH OF SERVICE:	FROM	TO	DESCRIPTION OF DUTIES PERFORMED:				
	SERVICE SCHOOLS:	FROM	TO	TYPE OF COURSE:	SERVICE SCHOOLS:	FROM	TO	TYPE OF COURSE:
	SERVICE SCHOOLS:	FROM	TO	TYPE OF COURSE:	AWARDS RECEIVED:			

EDUCATION	HIGH SCHOOL, NAME AND LOCATION:			YEAR COMPLETED ? 9 / 10 / 11 / 12	DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO
	COLLEGE, NAME AND LOCATION:			YEAR COMPLETED ? 13 / 14 / 15 / 16	DEGREE? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE:
	VOCATIONAL, BUSINESS OR CORRESPONDENCE SCHOOL NAME AND LOCATION:			TOTAL HOURS OF COURSES TAKEN:	DIPLOMA / CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	OTHER DETAILS OF TRAINING YOU HAVE RECEIVED, USE ADDITIONAL SHEET IF NECESSARY:				

EMPLOYMENT HISTORY	PAST EMPLOYMENT HISTORY LIST BELOW YOUR PREVIOUS EMPLOYERS AND INFORMATION CONCERNING YOUR WORK EXPERIENCE. START WITH YOUR MOST RECENT EMPLOYER IN BLOCK 1.						
	1	NAME AND ADDRESS OF COMPANY:	FROM	TO	JOB TITLE	PAY RATE	SUPERVISOR NAME
	REASON FOR LEAVING:						
	2	NAME AND ADDRESS OF COMPANY:	FROM	TO	JOB TITLE	PAY RATE	SUPERVISOR NAME
						SUPERVISOR PHONE NUMBER:	
REASON FOR LEAVING:							
3	NAME AND ADDRESS OF COMPANY:	FROM	TO	JOB TITLE	PAY RATE	SUPERVISOR NAME	
							SUPERVISOR PHONE NUMBER:
REASON FOR LEAVING:							
INDICATE BY NUMBER ANY OF THE ABOVE EMPLOYERS YOU DO NOT WISH US TO CONTACT IMMEDIATELY: _____							

SECURITY DATA	PLEASE NOTE: OUR COMPANIES COMPLY WITH U.S. IMMIGRATION LAWS. YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES, IF OFFERED EMPLOYMENT WITH EITHER AMI OR PTSG.	
	HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE COMPLETE DETAILS IN THE BLOCK BELOW OR SEPARATE SHEET.

RELEASE AND DISCLAIMER FOR DRUG TESTING	<p>I HEREBY VOLUNTARILY AGREE TO SUBMIT TO ANY LAWFUL DRUG TEST REQUESTED AND CONDUCTED BY THE COMPANIES, WHICH THEY MAY DEEM, IN THEIR SOLE DISCRETION, TO BE REASONABLY NECESSARY TO PROVIDE THEIR WORKERS WITH A SAFE WORKING ENVIRONMENT.</p> <p>I ACKNOWLEDGE THAT IN THE COURSE OF ANY EMPLOYMENT, AND AS A PREREQUISITE OF SUCH EMPLOYMENT WITH AMI OR PTSGI, THE COMPANY'S RIGHT TO MAKE LAWFUL SEARCHES OF MY WORK AREA AND MY VEHICLE WHILE ON COMPANY PROPERTY, AND OTHER LAWFUL SURVEILLANCE ACTIVITIES, IN AN EFFORT TO KEEP THE WORKPLACE DRUG FREE.</p> <p>I AUTHORIZE THAT THE RESULTS OF ANY DRUG TEST BE COMMUNICATED AND DISCLOSED TO THIRD PARTIES. AS A CONSEQUENCE OF ANY POSITIVE RESULT OBTAINED BY SAID TEST, I UNDERSTAND THAT I MAY NOT BE OFFERED A JOB WITH AMI OR PTSGI, OR MAY BE DISCIPLINED LEADING UP TO OR INCLUDING IMMEDIATE DISCHARGE IF CURRENTLY EMPLOYED BY AMI OR PTSGI.</p> <p>I HEREBY INDEMNIFY, RELEASE AND FOREVER DISCHARGE AND HOLD AMI OR PTSGI, AGENTS AND EMPLOYEES HARMLESS FROM ANY AND ALL CLAIMS, DEMANDS, JUDGEMENTS AND LEGAL FEES ARISING OUT OF OR IN CONNECTION WITH SUCH TESTS, THE RESULT, OR ANY LAWFUL USE OF THE RESULTS.</p>	
	PRINTED NAME OF APPLICANT: _____	SIGNATURE OF APPLICANT: _____

APPLICANT'S STATEMENT	<p>I CERTIFY THAT THE INFORMATION GIVEN BY ME IN APPLYING FOR WORK WITH THE COMPANIES IS TRUE AND CORRECT WITHOUT OMISSIONS OF CONSEQUENCE. I UNDERSTAND AND AGREE THAT (1) FALSE STATEMENTS OR OMISSIONS OF INFORMATION MADE BY ME IN THE PROCESS OF APPLYING FOR A JOB CONSTITUTE SUFFICIENT CAUSE FOR TERMINATION OF EMPLOYMENT, AND (2) THE COMPANY WILL NOT BE HELD LIABLE IN ANY RESPECTS REGARDING SUCH TERMINATION.</p> <p>I AUTHORIZE ANY COMPANY, SCHOOL, ORGANIZATION OR PERSON NAMED BY IN THE JOB APPLICATION PROCESS TO GIVE ANY INFORMATION REGARDING ME THAT IS PERTINENT TO MY EMPLOYMENT. I HEREBY RELEASE SUCH COMPANIES, SCHOOLS, ORGANIZATION AND PERSON FROM ALL LIABILITIES FOR DAMAGE FOR ISSUING THIS INFORMATION.</p> <p>IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMFORM TO THE POLICIES, PROCEDURES AND RULES OF BOTH COMPANIES. I ALSO AGREE THAT MY EMPLOYMENT AND COMPENSATION MAY BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITHOUT NOTICE, AT ANYTIME, AT THE OPTION OF THE COMPANY OR MYSELF.</p> <p>I FURTHER AGREE, IF THE NEED ARISES, TO HAVE MY PERSON OR PERSONAL PROPERTY SEARCHED OR EXAMINED BY A PROPERLY DESIGNATED EMPLOYEE OF THE COMPANIES WHILE ON COMPANY PROPERTY OR AT THE LOCATION OF A COMPANY VEHICLE ASSOCIATED WITH MY WORK.</p>	
	PRINTED NAME OF APPLICANT: _____	SIGNATURE OF APPLICANT: _____

OFFICE USE			REFERENCES VERIFIED BY: