



**Application for Employment  
An Equal Opportunity Employer**

*We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. To comply with the federal Immigration Reform and Control Act, Amware requires all new hires to show proof of eligibility to work in the United States. Amware participates in the e-verify program. We will provide the Social Security Administration (SSA) and if necessary the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. If the government cannot confirm that you are authorized to work, Amware is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.*

**Employment Desired**

Position Applied For: _____	Today's Date: _____	Salary Requirement: _____
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Type of Employment? Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Date Available to Start: _____
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**Personal Information**

Name _____	E-mail address: _____
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Address _____	Home Phone: _____	Cell: _____
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City _____	State _____	Zip: _____	How long have you lived at this address? _____
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Previous address: _____	_____
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City _____	State _____	Zip: _____	How long have you lived at this address? _____
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Are you eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Can you work any shift? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you work overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Referral Source**

Have you ever applied here before? Yes <input type="checkbox"/> No <input type="checkbox"/>	Who referred you? _____
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Were you ever employed here? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when? _____
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Have you ever been convicted of any law violation (except a minor traffic violation)? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
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If yes, give details \_\_\_\_\_  
*(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying is also considered.)*

Are you now or do you expect to be engaged in any other business or employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
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How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA): _____
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**Education**

	# of Years Completed	Diploma/Degree
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High School or GED School Name: _____ City, State: _____ From: _____ To: _____		
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College, Vocational, or Technical Training School Name: _____ City, State: _____ From: _____ To: _____		
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What is the highest education completed? _____	
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What skills or additional training do you have that relates to the job for which you are applying? _____
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What machines or equipment can you operate that relate to the job for which you are applying? _____
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<b>Employment History</b>	
<i>List names of employers in consecutive order with present or last employer listed first. Account for all period of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.</i>	
<b>Name of Employer</b>	Job Title and Duties
Address	
City, State	Dates of Employment
Supervisor	From: _____ To: _____
Reason for Leaving:	Phone:
Beginning Pay/Salary:	Ending Pay/Salary:
<b>Name of Employer</b>	Job Title and Duties
Address	
City, State	Dates of Employment
Supervisor	From: _____ To: _____
Reason for Leaving:	Phone:
Beginning Pay/Salary:	Ending Pay/Salary:
<b>Name of Employer</b>	Job Title and Duties
Address	
City, State	Dates of Employment
Supervisor	From: _____ To: _____
Reason for Leaving:	Phone:
Beginning Pay/Salary:	Ending Pay/Salary:
<b>References (Provide names and phone numbers of 3 people not related to you whom you have known at least 3 years)</b>	
Name/Relationship	Phone Number
Name/Relationship	Phone Number
Name/Relationship	Phone Number
<b>Applicant Consent</b>	
<i>Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then sign this form at the bottom.</i>	
_____ I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.	
_____ I consent to have Amware Fulfillment, LLC contact the people listed on this form for references and authorize these individuals to provide truthful information regarding my qualifications for employment and previous work. I also agree to waive liability against persons named as references, provided the information they supply is honest, factual, and given without malice.	
_____ I understand that nothing in this application creates an employment contract or relationship. I also understand that if hired by Amware Fulfillment, LLC, my employment can be terminated at any time, by myself or Amware Fulfillment, LLC for any grounds not prohibited by law.	
_____ I agree to submit to a drug test after I am offered a job. I understand that my employment, to the extent permitted by law, is contingent upon a satisfactory drug test, and if I am hired a condition of my employment will be that I abide by the company's Drug and Alcohol Policy.	
_____ I authorize Amware Fulfillment, LLC, to obtain my Criminal History. I understand that when obtaining a criminal history for the purpose of employee screening, files will be searched at both State and Local criminal justice agencies.	
<i>If hired, I agree to abide by all Amware work rules, policies and procedures. Amware retains the right to revise its policies or procedures, in whole, or in part, at any time.</i>	
<b>Signature:</b>	<b>Date:</b>
<b>Please Print Full Name:</b>	