



# APPLICATION FOR EMPLOYMENT

## Applicant Information

AFSI is an equal opportunity employer and will not discriminate, or tolerate discrimination, against any employee or applicant in any manner prohibited by law. Equal access to programs, services and employment is available to all persons. Applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Dept.

**Name:** \_\_\_\_\_  
First Middle Last

**Address:** \_\_\_\_\_  
Street City State Zip Code

Cell # (\_\_\_\_) \_\_\_\_\_ Home # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Date available to start: \_\_\_/\_\_\_/\_\_\_ Desired starting pay? \$ \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

**Please fill out this application completely by printing all information requested. Incomplete information could disqualify you from further consideration.**

Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a high school diploma/GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have 12 months of manufacturing experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked a night shift before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work night shift (8 hours: 10:45pm-7am)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of this job, either with or without reasonable accommodations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Select Work Schedule desired for 8 hour shift and 12 hour shift:**

**8 Hour Schedule**

- 1st Shift (6:45am-3pm)  Weekends and/or Overtime
- 2nd Shift (2:45pm-11pm)
- 3rd Shift (10:45pm-7am)

**Maintenance Applicants Only-12 Hour Schedule**

- Days (A/B shifts: 6am-6pm)
- Nights (C/D shifts: 6pm-6am)

Have you ever been employed by AFSI before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give date(s): From ____ / ____ / ____ To ____ / ____ / ____ Position(s) worked: _____	
Have you ever been discharged from any employment or asked to resign?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide date(s) and details: _____	

### Educational Background/Training

Please list last three (3) schools attended, starting with most recent including: number of years completed; Indicate degree, diploma or certification earned, if any; and list major or field of study.

School Name, City and State	# Years Completed	Please Mark Achievement	Major
High School you graduated from or GED:		<input type="checkbox"/> Diploma <input type="checkbox"/> GED	N/A
College:		<input type="checkbox"/> Diploma	
College:		<input type="checkbox"/> Diploma	

### Employment History

Provide the following information of your past and/or current employers, assignments or volunteer activities, starting with the most recent se additional sheets if necessary). *Incomplete information could disqualify you from further consideration.*

Employment Dates From: To:	Employer Name:  Telephone #: (      )
Hourly Rate/Salary Start:  End:	Company Address:  <hr/> <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>
Starting Job Title:	
Ending Job Title:	
Immediate supervisor and title:	
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Summarize the work performed & job responsibilities:	
Reason for Leaving:	



## Additional Skills and Qualifications

Please list technical skills/abilities and describe specific experience using machines, equipment, or software:

## Business/Work/Personal References

List name and telephone number of three (3) business/work/personal references that are not related to you.

Name and Occupation	Telephone Number	# Years Known
	( )	
	( )	
	( )	

## Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer, AFSI, is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, AFSI, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that AFSI does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application will remain current for one year. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without prior notice, and AFSI reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_