



THE ALTMAN COMPANIES

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or other any protected status.

INSTRUCTIONS: Applications must furnish complete and accurate information. Incomplete applications will not be considered for employment. Federal laws and regulations require this company to investigate and verify all information provided.

(PLEASE PRINT)

Date of Application: _____

Last Name: _____ First Name: _____ M.I. _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Lived here since: _____

Social Security Number: _____ Position Desired: _____

Date available to start: _____ Salary/Compensation Desired: _____

Full-Time Part-Time Days Evenings Weekends Other: _____

Referral Source: Employment Agency Advertisement Walk-In Applicant

Relative Employee Referral _____

Have you ever applied for a position with us? Yes No If "yes", when and where? _____

Have you ever been employed by us? Yes No If "yes", when and where? _____

Are you currently employed? Yes No If "yes", when and where? _____

EDUCATIONAL DATA

High School: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Years Completed: _____ Major: _____ Degree Received: _____

College: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Dates Attended: _____ Major: _____

Degree Received: _____ Grade Point Average: _____

Trade, Business or Correspondence School: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Dates Attended: _____ Major: _____ Degree Received: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S NAME: _____

GENERAL INFORMATION

(In responding to these questions, continue on a separate sheet if you require additional space)

If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.? Yes No

If employment is offered, can you provide personal identification such as a U.S. Passport, a driver's license or photographic identification card issued by the state? Yes No

Are you over 18 years of age? Yes No If "no", state age: _____

Have you ever been convicted of or pled guilty to a crime, or had adjudication withheld? Yes No (A conviction will not automatically disqualify you from being considered as a candidate for employment.) If "yes", please explain: _____

Will you relocate if job requires it? Yes No Not Applicable

If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements? Yes No Not Applicable

Are you willing to work overtime as requested? Yes No Not Applicable

PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____
Address _____ Phone Number () _____

NEAREST RELATIVE:

2. _____
Address _____ Phone Number () _____

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Summarize any additional experiences and/or skills you may not have mentioned that would be relevant to the position you are applying for:

APPLICANT'S NAME: _____

EMPLOYMENT EXPERIENCE

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Start with your present or last job. Include any job related military service assignments and volunteer activities. Exclude organizations which reveal sex, race, religion, national origin, age, color, disability or other protected status.

(All Applicants Must Account For The Last 10 Years)

(If you need additional space, please continue on a separate piece of paper)

Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Supervisor's Name: _____
Position Held: _____ Full Time Part Time
Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason For Leaving: _____

Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Supervisor's Name: _____
Position Held: _____ Full Time Part Time
Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason For Leaving: _____

Company: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: () _____ Supervisor's Name: _____
Position Held: _____ Full Time Part Time
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Job Duties & Responsibilities: _____
Employed From: _____ To: _____ Start Salary: _____ Final Salary: _____ week/month
Reason For Leaving: _____

APPLICANT'S NAME: _____

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

IN RESPONDING TO THESE QUESTIONS, CONTINUE ON A SEPARATE SHEET IF YOU REQUIRE ADDITIONAL SPACE

List dates and reasons for any gaps of a month or more, in employment experience you listed.

May we contact your present employer? Yes No Previous employers? Yes No
If no, please state reasons for not contacting. _____

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? Yes No If "yes", identify the names(s) and relevant dates. _____

Have you ever been dismissed or forced to resign from any employment? Yes No If "yes", please explain. _____

RESIDENTIAL HISTORY

(This information is needed and will be used only in relationship to your background check.)
(All Applicants Must Account For The Last 10 Years)

List Below Starting With the Last Previous Address First

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

Street: _____
City: _____ State: _____ Zip: _____
Lived There From: _____ To: _____

APPLICANT'S NAME: _____

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes No Branch: _____

Length of Service: From: _____ To: _____ Rank at Discharge: _____

Describe any special job related training received: _____

Have you ever had training / schooling under G.I. Bill? _____ If yes, describe: _____

<p>List professional, trade, business or civic activities held</p> <p>Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

REFERENCES

Give name, address and telephone numbers of 5 references who are not related to you and are not previous employers.

Name: _____ Home Phone () _____
Address: _____ Business Phone () _____
City: _____ State: _____ Zip Code: _____
Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone () _____
Address: _____ Business Phone () _____
City: _____ State: _____ Zip Code: _____
Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone () _____
Address: _____ Business Phone () _____
City: _____ State: _____ Zip Code: _____
Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone () _____
Address: _____ Business Phone () _____
City: _____ State: _____ Zip Code: _____
Years Acquainted: _____ Occupation: _____

Name: _____ Home Phone () _____
Address: _____ Business Phone () _____
City: _____ State: _____ Zip Code: _____
Years Acquainted: _____ Occupation: _____

Describe what your responsibilities were at your last job.

What did you like best about your last job?

What did you like least about your last job?

Describe the circumstances which led up to your decision to leave your last job.

If you could have made one suggestion to management at your last job, what would it have been?

What is your greatest strength?

What do you see yourself doing five years from now? Ten years?

Why are you currently seeking a position with our company?

APPLICANT'S NAME: _____

DRIVING RECORD

(Complete if position you are applying for requires driving a vehicle.)

Have you a valid driver's license? Yes No How long have you been a licensed driver? _____

Driver's License Number: _____ Expiration Date: _____ Issuing State: _____

List any restrictions on driver's license? _____

If less than 3 years in this state, please provide what state you were previously licensed in: _____

If answer is "YES" to any of the following questions, please explain, giving dates and details.

Have you been cited for speeding during the last three years? Yes No _____

Have you been cited for any moving violation during the past three years? (left turn, etc) Yes No _____

Has your driver's license ever been revoked or suspended? Yes No _____

Have you ever been cited for driving while under the influence of alcohol or drugs? Yes No _____

Have you had a vehicle accident of any type within the last three years? Yes No _____

Have you ever been placed on suspension or probation? Yes No _____

Have you ever been cited for reckless driving? Yes No _____

Has your auto insurance ever been cancelled or has any company declined to insure you? Yes No _____

APPLICANT'S NAME: _____

AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING 8

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me and may be considered sufficient justification for dismissal if discovered at a later date.

I authorize a thorough investigation, and agree to cooperate in such investigation, of my past employment and activities. I agree to release, from all liabilities or responsibilities, all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I understand that if employed, my employment is for no definite period of time and that I may terminate my employment relationship with the company at any time, for any reason, and that the company has the same right. I also understand that no management official other than the president of the company has any authority to enter into any agreement contrary to the foregoing or make any assurance or promise of continued employment.

If employment is obtained under this application I will comply with all rules and regulations of the company. I agree to be responsible for company property and equipment issued to me by the company until returned to the company.

I hereby agree to submit to any lawful drug, alcohol, or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including termination.

I understand that according to federal law all individuals must, as a condition of employment, produce certain documentation to verify their identity as a U.S. citizen or, if aliens, their legal authorization to work in the U.S.A. As a result, I understand that any offer of employment would be contingent upon my ability to produce the required documentation within the time period required by law.

Signature of Applicant

Date