

Employment Application

Programs, services and employment are available equally to everyone. Please inform the Human Resources Department if you require reasonable accommodation to the application or interview.

Date: / /

APPLICANT DATA

Position applied for:

How were you referred to us: _____

Full Name: _____

Address: Mailing: LAST FIRST MIDDLE City: State: Zip:

Phone: () Mobile/Beeper/Other Phone: E-Mail Address:

Date available to start: Social Security #: Salary Requirement:

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If not, do you have work papers? Yes No

Type of employment desired: Full-time Part Time Temporary Season

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.

Driver's license number if applicable to position: State:

EDUCATION

High School: Address:

of Years Completed: Did you graduate? Yes No Degree:

Major: GPA: Class Rank:

College/University Address:

of Years Completed: Did you graduate? Yes No Degree:

Major: GPA: Class Rank:

Other: Address:

of Years Completed: Did you graduate? Yes No Degree:

Major: GPA: Class Rank:

REFERENCES

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: Phone: ()

Address: City: State: Zip:

Name: Phone: ()

Address: City: State: Zip:

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS

PREVIOUS EMPLOYMENT (begin with most recent position)

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No



I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

Advanced Services LLC.

210 Holly Street

Nampa, Idaho 83686

WORKMANS COMPENSATION INFORMATION

Have you ever filed a workmen's comp claim? YES/NO

Are you currently receiving workmen's comp? YES/NO

Please explain:

I certify that my answers are true and complete. I authorize you to make such investigation and inquire of my personal, employment and medical history. I release employers, medical personnel and persons from liability in responding to inquire in connection with this information. I understand that a false or misleading information given here may result in termination.

Signature

Date

ADVANCED SERVICES

Authorization to Conduct Reference Checks and Background Investigation

I hereby authorize ADVANCED SERVICES, LLC., to make inquiries either by written communication, phone or in person to any former employer, creditor, governmental agency, educational institution, military establishment or any other persons knowledgeable of my background to my prior history and character.

In consideration for you furnishing such information, I specifically waive any confidential relationship or privacy position which may exist between us and completely release you from any responsibility or liability for damages which may occur as a result of the disclosure of this information to this agency.

Information gathered in this inquiry is confidential. The information shall be maintained in the personnel file and be treated with the greatest care of maintenance of confidentiality.

Printed Name

Date

Signature