

American Merchant, Inc. (AMI) is an Affirmative Action, Equal Opportunity Employer. We comply with all federal, state, and city laws prohibiting discrimination in employment. <u>To be considered for employment, you must complete all applicable areas of this employment application. Thank you!</u>

PLEASE PRIN	NT (Please compl	ete all sections):						
Last Name		First		Middle	:	Social Security No.		
Street		Apt.	City	State	Zip Code			
County Cui	rrent e-mail address	Telephone	Alternate Telephone	Referred By	d By			
Work Availability (Check all that apply)		-Time  Part-Time  Temporary		☐ Pool ☐ Intern/Summer		nmer		
Date available to start: Are you willing to work any shift? Yes 🗆 No If "No", please explain:								
Position(s) Applying	g for:	□ Open Ea		arnings Expected:				
How did you learn about us? ☐ Interne		et Newspaper Agency		☐ Salaried ☐ Hou		☐ Hourly		
<b>EDUCATION</b>	(Please complete	all sections):						
High School Name: City/State of High School:								
Did you receive:	☐ Diploma	☐ GED Highes	st grade completed:	☐ 9th	☐ 10th	☐ 11th	☐ 12th	
COLLEGE OF	R TECHNICAL SC	HOOL						
NAME	ADDRESS	ATTENDED FROM TO MO/YR MO/YR	MAJOR	MINOR	GPA	DEGREE	CREDIT HOURS	
Are you presently enrolled?  Other Certificates earned								
SECURITY INFORMATION (Please complete all sections):  Are you presently authorized to work in the  No Yes (If yes, please explain below)  United States on an unrestricted basis?								
Have you ever been convicted of a *felony?								
However, under Virgi	s are not obligated to disclo nia state law, if you have be re a felony that may appear	een convicted of a felony,	you must disclose that info	ormation if the	conviction	has not been s		
MILITARY SE Military Status/Active	RVICE (Please co			To:				
Branch of Service(s):			Month/Year Duties:			Month/Year		
Branch of Service(s	<i></i>							
Are you a member of	a reserve organization?	□ No □ \	⁄es					

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## **WORK EXPERIENCE:** (Please complete all sections):

Please list each position held in order, from most recent / current to least recent. May we contact your current employer ☐ Yes Not Applicable Explain any periods of unemployment: Name of Employer Nature of Work Address City State Zip Phone Immediate Supervisor's Name Dates of Employment Final Compensation Reason for Leaving From: To: Nature of Work Name of Employer Address City State Zip Phone Immediate Supervisor's Name Dates of Employment Final Compensation Reason for Leaving From: To: Name of Employer Nature of Work Address City State Zip Phone Immediate Supervisor's Name Dates of Employment Final Compensation Reason for Leaving From: To: Name of Employer Nature of Work Address City State Zip Phone Immediate Supervisor's Name Dates of Employment **Final Compensation** Reason for Leaving To: From:

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SKILLS: (Please complete all sections):
PLEASE LIST YOUR COMPETENCIES / SKILLS AND EXPERIENCE AS THEY RELATE TO THE FOLLOWING CATEGORIES.
PLEASE DO NOT SKIP OVER THIS SECTION. IT IS IMPORTANT FOR US TO EVALUATE ANY SKILLS, CERTIFICATIONS, ETC,
THAT YOU MAY POSSESS.

Administrative, clerical, PC software (what programs?) , etc:
Computer science, programming language, operating systems:
Accounting, finance, audit, etc.:
Engineering, technical, lab, etc.:
Skilled trades, i.e., electrical, mechanical, HVAC, welding, other?
Production, warehousing, etc.:
Grounds or other building maintenance, janitorial, other related skills:
Health sciences, medical or administrative, etc.:
Treatiti Sciences, medical or administrative, etc
Marketing, sales, etc.:
Facilitating or training, etc.:
Other related area:
Are there any special courses you have taken, unique skills, i.e. (foreign languages), or other information you would like considered?
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Please attach a resume and references, if available.

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# **REFERENCES:** (Please complete all sections):

Please Provide Three Business or Professional References. NAME **ADDRESS TELEPHONE** OTHER (Please complete all sections): ☐ Yes ☐ No Are you willing to relocate? Any Restrictions? Amount of overnight travel acceptable ☐ Yes ΠNο Have you ever worked for American Merchant, Inc., or any of its subsidiaries? If yes, name the company / department / location Have you any relatives who work at AMI? Name(s), relationship(s) Sales Applicants Only: Have you a valid driver's license? ☐ Yes ☐ No State and No. PLEASE READ CAREFULLY Please initial each block below indicating that you have read and understand the contents: ) I certify that all the information given in this application has been carefully completed and is correct to the best of my knowledge and belief. I UNDERSTAND THAT MISREPRESENTATIONS OR OMISSION OF FACTS CALLED FOR HEREIN WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF CONSIDERATION FOR ANY EMPLOYMENT OR OF ANY OFFER OF EMPLOYMENT OR FOR TERMINATION OF MY CONTINUED EMPLOYMENT SUCH FACTS ARE DISCOVERED. \_) I authorize the investigation of any or all statements contained in this application and authorize any person, school, current employer (except as previously noted). Past employers, credit bureaus, law enforcement agencies, government agencies and other organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I hereby release such persons and organizations from any legal liability for furnishing such information and in making such statements. I understand that I have a right to request disclosure of the nature, scope, and results of such inquires. ) Pursuant to the Immigration Reform and Control Act, I understand that I will be required, prior to hire, to present documentation to verify that I am a U.S. citizen, or an alien lawfully authorized to work in the United States. ) I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT BY AMERICAN MERCHANT, INC., OR ANY ASSOCIATE COMPANY OR COMPANIES, DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE COMPANY AND THAT MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. ) All job offers are contingent upon the applicant completing a physical and passing a drug screen. DO NOT terminate your employment until you have been notified of the results of your AMI physical and drug screen. ) I certify that the information on this employment application is true, complete and correct. I understand that false answers, statements or significant omissions made by me on this employment application shall be sufficient cause for denial of employment or discharge from employment once the investigation is complete. I have read and further understand the contents of this employment application hereby noted by my signature and consent to these statements. Signature Date

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