



Employment Application Form

Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Street Address

City, State, Zip Code

Phone Number

(____) _____

Are you eligible to work in the United States?

Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony or any criminal offense within the last five years?

Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For

Desired salary: \$_____

Days/Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hours Available: from _____ to _____ (Must put specific times)

What date are you available to start work?

EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

=====

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

References:

Name/Title Address Phone

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not being considered for employment



BACKGROUND CHECK & DRUG TESTING AUTHORIZATION & CONSENT FORM

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens of my urine by a collection site and laboratory to be designated by Amahle or its designated agent, for the purpose of drug testing and background checks.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to third party drug screen administrator, and I further authorize Amahle's third party drug screen administrator to disclose the results to Amahle.

I acknowledge that the background check results will be utilized by Amahle to determine my eligibility for employment or continued employment, therewith, and I further acknowledge that the drug screen results will be utilized by Amahle to determine my eligibility for continued employment.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing of my urine by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. I further acknowledge that a positive drug test will result in disciplinary action up to and including denial of employment or termination, if hired.

In addition, I hereby knowingly and voluntarily release Amahle, the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to Amahle, or its agents, for a period of time not to exceed five years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Applicant's Signature
Date

Applicant's Printed Name

Street Address

City State Zip

Social Security Number: _____

Gender: _____

Birthdate: _____ (mm/dd/yyyy)

Driver's License Number: _____ State Issue: _____

Applicant Home Phone Number (may be necessary for sending documents):

Applicant Email address (may be necessary for delivering message):

Zip Code You Would Like Collection Site Near: _____

I authorize the verification of any or all information listed above.

Signature_____

Date_____