

# APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	
Last Name		First Name	
		Middle Name	
Address	Number	Street	City
		State	
		Zip Code	
Telephone Number(s)		Social Security Number (Voluntary)	

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM  
PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ..... ☐ Yes ☐ No

..... If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?..... ☐ Yes ☐ No

If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... ☐ Yes ☐ No

Are you currently employed? ..... ☐ Yes ☐ No

May we contact your present employer? ..... ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
Proof of citizenship or immigration status will be required upon employment. .... ☐ Yes ☐ No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: ☐ Full-Time (please indicate 1 2 3 shift)

☐ Part-Time (please indicate Mornings Afternoon Evenings)

☐ Temporary (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall? ..... ☐ Yes ☐ No

Can you travel if a job requires it? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

100% 90% 80% 70% 60% 50% 40% 30% 20% 10% 0%

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

[illegible]

Describe any job-related training received in the United States military.

[illegible]



# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed	From	To
	Address	Work Performed		
	Telephone Number(s)			
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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## ADDITIONAL INFORMATION

### Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

***State any additional information you feel may be helpful to us in considering your application.***


**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?                          YES            NO

## REFERENCES

1. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Phone #

\_\_\_\_\_ (Address)
2. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Phone #

\_\_\_\_\_ (Address)
3. \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Phone #

\_\_\_\_\_ (Address)



# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks \_\_\_\_\_

Employed ☐ Yes ☐ No Date of Employment \_\_\_\_\_

INTERVIEWER DATE

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

NAME AND TITLE

DATE

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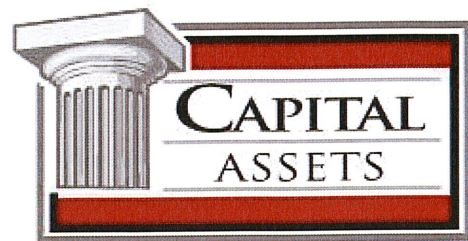


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**Amsterdam**





## BACKGROUND REQUEST & RELEASE

Capital Assets, Inc. carefully screens the background of its candidates in a uniform, non-discriminatory manner in accord with its background screening procedure & will err on the side of safety when utilizing hiring criteria to conduct an individualized assessment of whether a candidate's criminal background renders the candidate unfit & unqualified for the job. This procedure was enacted to ensure a safe & professional working environment for our employees, as well as, for the protection of our customers & clients.

**DIRECTIONS:** Please read the entire document and answer the questions asked. If your answer is "YES" to either one of the below questions, then please explain on a separate sheet & indicate the following: city and state of offenses occurred & any future court dates or community service which may impact attendance during work hours, if hired. Then, read, sign, & date the Acknowledgement & Release.

1. In the past ten (10) years, have you been of convicted of a crime? ☐ YES ☐ NO  
a. Received deferred adjudication of any crime, including any pre-trial diversion program? ☐ YES ☐ NO

### **ACKNOWLEDGEMENT & RELEASE**

I understand that in connection with the application process, Capital Assets, Inc. will conduct a background check on me. The information provided by me will be the basis for the search of public records, which may include, but not be limited to: a search for consumer reports, criminal arrests/convictions, warrants, civil filings, social security number trace, past employment, bankruptcies, department of motor vehicle records, fictitious business filings, degree confirmation, articles of incorporation/limited partnership records, and a drug test.

I indemnify and hold harmless, Capital Assets, Inc., and any person providing the requested information, from any liability and all damages whatsoever, resulting from the acquisition, use, retention or disclosure of any information. I will not hold Capital Assets, Inc., or their employees or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

If any adverse decision is made with regard to my application or employment (if any) based entirely or in part on the information contained in the consumer report, I understand I will be notified as to the basis of that decision and given a copy of the report. (A summary of my applicable rights under the Fair Credit Act has been provided to me.)

I have provided complete and truthful information to Capital Assets, Inc. & fully understand that any misrepresentation or material omissions concerning the information provided will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge.

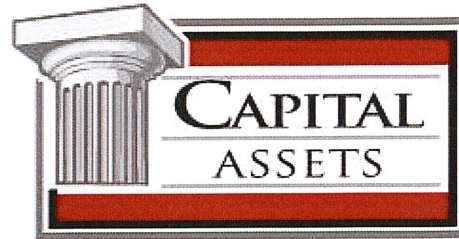
My signature below indicates I have carefully read & understand this notice. I consent to the release of a consumer report to Capital Assets, Inc. for employment purposes either in connection with my job application, or in connection with any future decisions concerning my employment, promotion, reassignment or retention as an employee. I understand my consent remains in effect indefinitely until it has been revoked in writing.

\_\_\_\_\_  
Signature/Consent

\_\_\_\_\_  
Date

APPLICANT'S ACKNOWLEDGEMENT OF DRUG AND ALCOHOL ABUSE POLICY

I have applied for a position with CAPITAL ASSETS, INC. Upon acceptance of a conditional offer of employment, I understand and agree to undergo subsequent screening. I understand that if my test results are confirmed positive that I will not be considered further by CAPITAL ASSETS, INC. for a position. I further understand that, if I am hired, I will be subject to future drug and alcohol testing, consistent with the Policy.



I hereby authorize any physician, laboratory, hospital or medical professional retained by CAPITAL ASSETS, INC. for screening purposes to both conduct such screening and provide the results to CAPITAL ASSETS, INC. I release CAPITAL ASSETS, INC., and any person affiliated with CAPITAL ASSETS, INC., and any such institution or person conducting the screening from liability therefore.

I acknowledge receipt of CAPITAL ASSETS INC.'s Drug and Alcohol Abuse Policy and that I have read and understand the Drug and Alcohol Abuse Policy and Testing Program.

I understand that, in order to comply with this Policy, I may be asked to submit to a search of any vehicle brought onto company premises, to submit to a search of any packet, package, purse, briefcase, toolbox, or other container brought onto company premises, and to submit to a search of desk, file, locker, or other stationary container provided by the Company, whether or not such container, briefcase, etc., is locked.

I understand that a violation of the Policy may result in severe disciplinary action, up to and including discharge.

I understand that the Policy is not a contract of employment and that it may be changed, modified, or eliminated at any time subsequent to a notice period of thirty (30) days. I understand that only the President or designated individual of CAPITAL ASSETS, INC. has the authority to enter into employment contracts or make any agreement or representation contrary to the provisions in this policy and that any such contract, representation or agreement must be in writing and signed by the President of CAPITAL ASSETS, INC.

I understand that my employment with CAPITAL ASSETS, INC. is "at-will" and for no fixed period of time. I understand that I can terminate my employment at any time and that CAPITAL ASSETS, INC. may terminate my employment at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness