

# Keep Me In Stiches Employment Application

|                   |                 |     |
|-------------------|-----------------|-----|
| Name              | Date            |     |
| Social Security # | Referred by     |     |
| Street Address    |                 |     |
| City              | State           | Zip |
| Mailing Address   |                 |     |
| City              | State           | Zip |
| Home Phone        | Other Contact # |     |

**Background Information**

Are you legally eligible to hold employment in the United States?  Yes  No

Are you at least 18 years old?  Yes  No

Are you related to anyone employed by A-1?  Yes  No

If yes, give the name of the person(s), relationship and location below:  
\_\_\_\_\_

Have you ever been convicted of a felony or a first-degree misdemeanor?  Yes  No

If yes, what charges? \_\_\_\_\_  
Where convicted? \_\_\_\_\_  
Date of conviction \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever pled 'nolo contendere' or pled guilty to a crime, which is a felony or a first-degree misdemeanor?  Yes  No

If yes, what charges? \_\_\_\_\_  
Where convicted? \_\_\_\_\_  
Date of conviction \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever had the adjudication of guilt withheld to a crime that is a felony or a first-degree misdemeanor?  Yes  No

If yes, what charges? \_\_\_\_\_  
Where convicted? \_\_\_\_\_  
Date of conviction \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: A "Yes" answer to these questions will not automatically bar you from employment. The nature, job relatedness, severity and date of the offense in relation to the position for which you are applying are considered.**

**EDUCATION**

Please circle the highest education level completed:

High School: 9 10 11 12 College: 1 2 3 4 Technical School: 1 2 Grad School: 1 2 3 Other? \_\_\_\_\_

**College, University or Professional School** (Transcripts may be required)

| Name of School | Location (City and State) | Dates of Attendance (Month/Year) | Credit Hours Earned | Major/ Minor Course of Study | Type of Degree Earned |
|----------------|---------------------------|----------------------------------|---------------------|------------------------------|-----------------------|
|                |                           |                                  |                     |                              |                       |
|                |                           |                                  |                     |                              |                       |

**Job-Related Training or Course Work:**

| Name of School | Location<br>(City and State) | Dates of Attendance<br>(Month/Year) | Credit Hours Earned | Course of Study | Completed?<br>Yes or No |
|----------------|------------------------------|-------------------------------------|---------------------|-----------------|-------------------------|
|                |                              |                                     |                     |                 |                         |
|                |                              |                                     |                     |                 |                         |

| CLERICAL  | OFFICE TECHNOLOGY   | SECRETARIAL   | SOFTWARE   |
|---|---|---|--|
| <input type="checkbox"/> General Clerk<br><input type="checkbox"/> Senior Clerk<br><input type="checkbox"/> File Clerk<br><input type="checkbox"/> Mail Clerk<br><input type="checkbox"/> Copy Clerk<br><input type="checkbox"/> Customer Service | <input type="checkbox"/> Typist (30-40 wpm)<br><input type="checkbox"/> Intermediate (40-55 wpm)<br><input type="checkbox"/> Advanced (55+ wpm)<br>Data Entry:<br><input type="checkbox"/> Alpha<br><input type="checkbox"/> Numeric<br><input type="checkbox"/> 10 Key<br><input type="checkbox"/> Receptionist<br><input type="checkbox"/> Switchboard Operator | <input type="checkbox"/> General Secretary<br><input type="checkbox"/> Executive<br><input type="checkbox"/> Specialized<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Legal<br><input type="checkbox"/> Engineering<br><input type="checkbox"/> Bilingual<br><input type="checkbox"/> Sales/Marketing<br><input type="checkbox"/> Office Manager | <input type="checkbox"/> Win 95<br><input type="checkbox"/> Win 98<br><input type="checkbox"/> Word<br><input type="checkbox"/> Excel<br><input type="checkbox"/> Access<br><input type="checkbox"/> Power-point<br><input type="checkbox"/> ADP<br><input type="checkbox"/> Other Payroll<br><input type="checkbox"/> Platinum<br><input type="checkbox"/> Oracle |

**EMPLOYMENT HISTORY**

Begin with the most recent employer and provide all employment in the past 5 years; include complete addresses and telephone numbers. Attach additional sheet, if needed.

|   |                    |
|---|--------------------|
| Employer Name:  | Phone: ( )         |
| Address:  |                    |
| Your Job Title:   | Supervisor's Name: |
| Dates Employed: ___/___/___ to ___/___/___ Hours Worked Per Week: |                    |
| Duties and Responsibilities:                                      |                    |
|   |                    |
| Reason For Leaving:   |                    |

|   |                    |
|---|--------------------|
| Employer Name:  | Phone: ( )         |
| Address:  |                    |
| Your Job Title:   | Supervisor's Name: |
| Dates Employed: ___/___/___ to ___/___/___ Hours Worked Per Week: |                    |
| Duties and Responsibilities:                                      |                    |
|   |                    |
| Reason For Leaving:   |                    |

|   |                    |
|---|--------------------|
| Employer Name:  | Phone: ( )         |
| Address:  |                    |
| Your Job Title:   | Supervisor's Name: |
| Dates Employed: ___/___/___ to ___/___/___ Hours Worked Per Week: |                    |
| Duties and Responsibilities:                                      |                    |
| Reason For Leaving:   |                    |

|   |                    |
|---|--------------------|
| Employer Name:  | Phone: ( )         |
| Address:  |                    |
| Your Job Title:   | Supervisor's Name: |
| Dates Employed: ___/___/___ to ___/___/___ Hours Worked Per Week: |                    |
| Duties and Responsibilities:                                      |                    |
| Reason For Leaving:   |                    |

**PERSONAL REFERENCES**

| Name | How Known? | Phone |
|------|------------|-------|
|      |            | ( )   |
|      |            | ( )   |
|      |            | ( )   |

I hereby certify that the answers contained herein and on any attachments are true, correct, complete and made in good faith. I also understand that an omission or falsification will result in a refusal to hire me or my immediate dismissal if discovered only after I have been hired. I understand that any information I give will be investigated as allowed by law. I consent to the release of information about my ability, employment history and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of A-1 or their subsidiaries and/or related companies for employment purposes and hereby direct that each such entity fully disclose to A-1 any and all information they may have about me. This consent and direction shall continue to be effective during my employment if I am hired.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date