



Application for Employment

We appreciate your interest in our company and are interested in your qualifications. A clear understanding of your background and work history will aid us in evaluating you for a position which, in our judgment, best meets your qualifications. We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

PLEASE COMPLETE ALL SECTIONS OF THIS FORM. DO NOT SUBSTITUTE A RESUME. USE PEN.

PERSONAL

Date of Application: _____

Name (First, Middle and Last): _____

Home Address: _____

City/State: _____ Zip: _____

Email: _____

Telephone Number(s): *Home* _____ *Cell* _____

Are you 18 years of age or older? Yes No

Are you authorized to work in the U.S.? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility).

Have you previously been employed by us? Yes No

List any friends or relatives working here: _____

GENERAL INFORMATION

Position(s) applying for: _____

Type of work seeking: Full-time Part-time Temporary

Please specify hours and days available to work:

List special training, skills, qualifications or other experiences which relate to the position(s) for which you are applying:

Salary desired: _____ Date available to start work: _____

We may make accommodations to handicapped applicants and employees when the accommodation does not impose an undue hardship on the company. Handicapped employees and applicants may request an accommodation of their handicap, to the extent of the law, by notifying us, in writing of the need for accommodation within 182 days of the date you know or should know that an accommodation is needed. Failure to properly notify us will preclude any claim we failed to accommodate to you.

EMPLOYMENT HISTORY (List most recent employment first for the past 10 years)

DO NOT SUBSTITUTE A RESUME

May we contact your current employer?

Yes

No

Employer	Dates From mo/yr To mo/yr	Work Performed
Address		
Phone	Hourly Rate/Salary Starting Final	
Job Title		Reason for Leaving
Supervisor		

Employer	Dates From mo/yr To mo/yr	Work Performed
Address		
Phone	Hourly Rate/Salary Starting Final	
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Phone	Hourly Rate/Salary Starting Final	
Job Title		Reason for Leaving
Supervisor		

EDUCATION

Name/Location	Diploma/Degree	Course of Study	Did you Graduate?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational Training			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No

Any additional training, courses, or certifications: _____

PROFESSIONAL REFERENCES

Name	Address	Phone Number	Years Acquainted
1			
2			
3			

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in the State National Guard?
 Yes No

If yes, what branch? _____ Rank at discharge: _____ Date of discharge: _____

Please list any special/technical military training you may have received: _____

RECORD OF CONVICTION

Have you ever been convicted or found guilty of a misdemeanor or felony, or have criminal charges pending against you, or have ever been placed on probation, or plead no-contest?
 Yes No

If yes, where, when and what was the nature of the offense? _____

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held excluding group names that describe characteristics of which indicate race, color, religion, sex, national origin, disability, marital or veteran status:

Why do you want to work at Apollo Information Services?

State any additional information that you feel may be helpful to us in considering your application:

AUTHORIZATION AND UNDERSTANDING

Upon signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my employment, education, criminal or credit history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment records, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to disclosure at any time during the period of my employment.

I agree either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the President of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the company as they are from time to time changed, and no additional obligations can be imposed on the company except those which have been acknowledged in writing, by the President or his designated representative. I hereby authorize the company to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the company during the course of my employment.

I agree that any action or suit against the company arising out of my employment or termination of employment including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods on the contrary. I further agree that if I should bring any action or claim arising out of my employment against the company in which the company prevails, I will pay to the company any and all such costs incurred by the company in defense of said claims or actions, including actual and reasonable attorney fees. I further agree that my employment is conditional until such time as the results of my pre-employment are known.

I hereby agree to submit to urinalysis and/or blood screening for drug or alcohol use. I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in withdrawal of my application for employment, withdrawal of any provisional employment offer I have received or termination of employment, depending on when results are received.

Signature

Date