



EMPLOYMENT APPLICATION

Application Date:		
PERSONAL INFORMATION		
Last Name	First	Middle
Street Address		Home Phone ()
City, State, Zip		Cell Phone ()
E-mail Address		

EMPLOYMENT INTEREST
Desired position
Date you can start?
Have you ever applied for employment with this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

PROFESSIONAL TRAINING					
School	Name of School	Course of Study	No. Years Completed	Did you Graduate?	Degree or Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Business				<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	
Licenses/Certificates/Other Training					



EMPLOYMENT HISTORY <i>(list below last three employers, starting with last one first)</i>	
Company Name	Employed (Month and Year) From To
Address and Telephone	Reason for Leaving
Job Title and Work Performed	
Supervisor Name	Supervisor Phone Number
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Employed (Month and Year) From To
Address and Telephone	Reason for Leaving
Job Title and Work Performed	
Supervisor Name	Supervisor Phone Number
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Employed (Month and Year) From To
Address and Telephone	Reason for Leaving
Job Title and Work Performed	
Supervisor Name	Supervisor Phone Number
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	



PROFESSIONAL REFERENCES (from previous companies worked for)			
Reference Name, Company and Title	Telephone	Email Address	Working Relationship
			<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Direct Report
			<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Direct Report
			<input type="checkbox"/> Supervisor <input type="checkbox"/> Co-worker <input type="checkbox"/> Direct Report

CERTIFICATE OF APPLICANT AND ARBITRATION AGREEMENT	
<p>I certify that the information contained in this employment application and any other information that I submit is true and correct. I understand that AAMG ("the Company") will rely on this information in evaluating my application.</p> <p>Unless I specifically indicated "no," I agree that the Company may contact my present and past employers to check this information and any matter related to my employment. I also authorize any person or company to give the Company any information that it requests about me. I waive and release all persons and companies from any liability or damages that may result from the use, disclosure, or release of this information, whether it's favorable or unfavorable to me.</p> <p>I understand that if the Company hires me, I will be an at-will employee with no agreement about the length of my employment. Either the Company or I may end the employment relationship at will, any time, with or without cause, and with or without notice.</p> <p>I agree to submit to binding arbitration all disputes and claims arising out of this application and, in the event that I am hired, all disputes and claims arising out of my employment. This agreement includes every type of dispute that may be lawfully submitted to arbitration, including claims of wrongful discharge, discrimination, harassment, or any injury to my physical, mental, or economic interests. This means that a neutral arbitrator, rather than a court or jury, will decide the dispute. As such, I am waiving my right to a court or jury trial. I agree that any arbitration will be conducted in accordance with the rules of the American Arbitration Association.</p>	
Signature of Applicant	Date