



## **Employment Application**

Personal In	itormation				
Name:					
Address:					
Phone:					
Email:					
How did you	hear about us?				
Are you either a U.S. citizen or an alien authorized to work in the United States?					
Are you prevented from lawfully becoming employed in this country because of VISA					
		entation required by law	to establish	No Yes	=
	If employment is offered, can you produce documentation required by law to establish work authorization and identity?			No	
					_
Employmen	nt Desired				
Position:					
-	salary desired <u>?</u>	Date availal			
Full or Part	time?	Are you able to work ov	ertime?		
-	ery been dismisse,d involuntarily terminate n employment?	d, or forced Yes No	If yes, please explain:		
		No			
	ant will be denied employment solely on the grounds umstances and the relevance of the offense to the p		ature of the offens	e, the date of th	e offense, the
Education a	and Training				
	Name and Location of Establishment	Course of Study	Years completed	Diploma/ Degree	_
High School					
College/ University					1
Graduate,					
Trade,					
Business School					
Academic se	cholarships or awards?				
Describe an	y specialized training, licenses or cert	ifications:			
Has any license	or certification you hvae helpd been surrendered, su	ispanded or revoked for any roa	eon?	Yes	No
If yes, pleas		aspended, or revoked for any reas	3011:	100	140

## **Employment Experience**

Starting with your most recent employment, provide your complete employment history for the past 10 years. Include any job-related military service assignments and volunteer activities. Please be aware that your current employer may be contacted unless you ask us not to do so. If you provide a resume that contains some of the requested information, you must nonetheless complete the fields marked by an asterisk (\*).

Employer:	
Address:	
Dates of Employment:	to
Hourly rate/salary?	
Job title:	
Duties and accomplishments:	
Supervisor:	Phone:
Reason for leaving:	
Employer:	
Address:	
Dates of Employment:	to
Hourly rate/salary?	
Job title:	
Duties and accomplishments:	
Supervisor:	Phone:
Reason for leaving:	
Employer:	
Address:	
Dates of Employment:	to
Hourly rate/salary?	
Job title:	
Duties and accomplishments:	
Supervisor:	Phone:
Reason for leaving:	
- <i>i</i>	
References	T'0
Name:	Title:
Phone:	Email:
Name:	Title:
Phone:	Email:
Name:	Title:
Phone:	 Email:
Skills and Experience	
Skill or experience relevant to the job for which you are applying that y	you think would be helpful to us in considering your application:

At-Will Employr	nent Disclaimer a	and Applicant's	Agreement and	Certification

I certify that the answers given in this application are true to the best of my knowledge, I understand that the use of this application form does not indicate that there are any positions open and does not in any way obligate AmlpiSource.

I understand that should I be granted an interview, no representations that may be made at the interview are to be construed as creating any obligation, promise or contract on behalf of AmpliSource. Further, in the event I am hired, in consideration of my employment, I agree to conform to the policies and procedures of AmpliSource, as they may from time to time be implemented or revised, and that my employment is "at-will" and can be terminated with or without cause at any time for any lawful reason at the option of either AmpliSource or me. I understand that no supervisory, management or any other employee at AmpliSource has any authority to make a commitment of guaranteed or continuing employment to me, and no document or publication of AmpliSource or conduct of anyone at AmpliSource should be interpreted to make such a guarantee, unless HR at AmpliSource specifically acknowledges such change in writing.

I understand that false or misleading information given in my application, resumes, interview(s) or during the course of my employment may result in withdrawal of a job offer or discipline up to and including termination of employment, whenever the omission or falsehood is discovered. I understand that acceptance for employment shall depend on satisfactory replies from my references and other background checks. In the event I receive a job offer, I also understand that I may be subject to a drug test and/or a medical examination that I must pass before I commence work. I have read, understood and agree to the foregoing.

Applicant Signature:	 Date:	
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Drivers ONLY					
Drivers Licenses	•			_	
State	License #		Туре	Expiration	
Accident Records (3 year	s)				
Date and Location	Description		Fatalities	Injuries	
Major Morot Vehicle Conv	victions During (3 years)				
Date and Location	Description		Fatalities	Injuries	