

# ADVANCED SYSTEMS, INC.

## Employment Application



Advanced Systems, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you legally eligible to work in the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	(If offered employment, you will be required to provide documentation to verify eligibility.)	
Are you over the age of 18 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Do you have a valid driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever been convicted of any moving violations in the past five years?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	
Were you referred by a current Advanced Systems, Inc. employee?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please include their name:	

*(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)*

EDUCATION <i>(Please indicate education or training which you believe qualifies you for the position you are seeking.)</i>			
High School	Address		
No. of Yrs. Completed (circle one) 1 2 3 4	Diploma?/GED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
College and/or Vocational School	Address		
No. of Yrs. Completed (circle one) 1 2 3 4 5	Major	Degree	
Other Training or Degrees School	Address		
Course	Degree or Certificate Earned		

PROFESSIONAL LICENSE OR MEMEBERSHIP
Type of License(s) Held:
Other Professional Memberships:
<i>You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.</i>

<b>REFERENCES</b> <i>(Please list three professional references.)</i>	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

<b>PREVIOUS EMPLOYMENT</b> <i>(Including US Military Service) List last employer first</i>			
Company		Phone ( )	
Address		Supervisor	
Position	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Position	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Position	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**ACKNOWLEDGEMENT AND AUTHORIZATION \*\*\*PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that the submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Advanced Systems, Inc. that such employment with Advanced Systems, Inc. is at will, for no specified duration and may be terminated by either Advanced Systems, Inc. or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Advanced Systems, Inc. or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Advanced Systems, Inc. except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and those agreements must be made in writing and signed by the President of Advanced Systems, Inc.

In consideration for employment with Advanced Systems, Inc., if employed, I agree to conform to the rules, regulations, policies and procedures of Advanced Systems, Inc. at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Advanced Systems, Inc.'s business, attendance and punctuality are conserved essential requirements of everyday job at Advanced Systems, Inc. and that poor attendance or tardiness will result in disciplinary action.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Advanced Systems, Inc. and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period, I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date