



# JOB APPLICATION

**PLEASE NOTE: It is important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.**

## Name and Address

Name (First, MI, Last)		Social Security Number - -	
Mailing Address			
City, State, and Zip Code			
Telephone		Alternate Phone	
If under 18, please list age		Email	

## Job Type

Days/hours available to work							
I have no preference.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
I am seeking a:		Full-time job		Part-time job		Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	

## Additional Information

Have you ever been employed by this organization in the past?		YES	NO
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.		YES	NO
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?		YES	NO
If Yes, please explain:			
Do you have a driver's license?		YES	NO
Driver's license number		Issued in what state?	
Have you had any accidents during the past three years?		How many?	
Have you had any moving violations during the past three years?		How many?	

## Education

School	Location (mailing address)	Years Completed	Major	Degree or Diploma

## Work Experience

*Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.*

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?      YES      NO

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?      YES      NO

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Reason for leaving (be specific)
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer?	YES      NO
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**References**

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.
2.
3.
4.



**Please email the completed form to**  
[apdc@apdc-services.com](mailto:apdc@apdc-services.com)



Signature	Date
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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize APDC Services, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release APDC Services, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.