

ATLTC
APPLICATION FOR EMPLOYMENT

Please do not leave blank spaces on application

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION (Please Print Clearly)

NAME (Last)	(First)	(Middle-if applicable)	*SOCIAL SECURITY NO. _____		
PRESENT ADDRESS			APT. NO.	CITY	STATE ZIP
PERMANENT ADDRESS			APT. NO.	CITY	STATE ZIP
ARE YOU 18 YEARS OF AGE OR OLDER?			PHONE NUMBER:		
<input type="checkbox"/> YES <input type="checkbox"/> NO		Email Address: (If applicable)			
* REQUIRED FOR BACKGROUND CHECK: *			Date of Birth: _____		

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO		
EVER WORKED FOR THIS COMPANY BEFORE?	WHERE?	WHEN?
<input type="checkbox"/> YES <input type="checkbox"/> NO		
REASON FOR LEAVING:		
NAME OF LAST SUPERVISOR AT THIS COMPANY:		
WHO REFERRED YOU TO THIS COMPANY?		
<input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> NEWSPAPER ADVERTISING <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK-IN <input type="checkbox"/> STATE EMPLOYMENT OFFICE <input type="checkbox"/> COLLEGE PLACEMENT SERVICE <input type="checkbox"/> OTHER		

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School			
High School				
College				
Trade, Business or				

Correspondence
School

GENERAL

STUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

 LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER:			
ADDRESS:	CITY:	STATE:	ZIP:
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
WEEKLY STARTING SALARY:	WEEKLY FINAL SALARY:		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR:	TITLE:	PHONE:	
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

FORMER EMPLOYERS

 LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER:			
ADDRESS:	CITY:	STATE:	ZIP:
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
WEEKLY STARTING SALARY:	WEEKLY FINAL SALARY:		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR:	TITLE:	PHONE:	
DESCRIPTION OF WORK:			
REASON FOR LEAVING:			

FORMER EMPLOYERS

 LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

NAME OF PRESENT OR LAST EMPLOYER:			
ADDRESS:	CITY:	STATE:	ZIP:
STARTING DATE:	LEAVING DATE:	JOB TITLE:	
WEEKLY STARTING SALARY:	WEEKLY FINAL SALARY:		
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME OF SUPERVISOR:	TITLE:	PHONE:	

DESCRIPTION OF WORK:
REASON FOR LEAVING:

REFERENCES: BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YRS ACQUAINTED
SERVICE RECORD:		DISCHARGE DATE & RANK	
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)			
DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (Record subject to be checked)			
Driver's license number _____ State of Issue _____ Expiration Date _____			
Have you had any accidents during the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO How many? _____			
Have you had any moving violations during the past three years? <input type="checkbox"/> YES <input type="checkbox"/> NO How many? _____			
DPS Audit Number _____			

AUTHORIZATION

I CERTIFY THAT THE FACT CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL AND OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.

DATE

SIGNATURE

**All the Little Things Count LC
Background Investigation Consent**

I, _____, being the undersigned applicant do hereby expressly acknowledge that All The Little Things Count LC, as part of its hiring process, conducts background investigations on its applicants. By signing this acknowledgement, I consent to such background investigation.

I understand that All the Little Things Count, LC background investigation will include, but not be limited to, checking for criminal history, as well as speaking with job references. By this document, I hereby release All the Little Things Count LC from any claims with regard to information received from my former employers during the course of such reference check. Additionally, I hereby release each and everyone of my former employers, identified by me as being a reference, from any and all claims such as slander or libel with regard to the provision of a reference to All The Little Things Count LC relating to my current application for employment.

I further understand that, if I am hired by All the Little Things Count LC, the company may, from time to time, conduct further and additional background investigations. I further understand that, to the extent I am placed in a position that requires me to handle money, a more in-depth background analysis may be done with regard to my personal history and I may be required to become bonded.

APPLICANT:

Signature of Applicant

Printed Name: _____

DOB: _____

DATE: _____

Contact Number: _____

WITNESS:

Signature for Witness

Printed Name: _____