

# Employment Application Form

Allied Technologies and Consulting, LLC 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.

Position(s) Applied For			Date of Application				
Last Name	First Name	Middle Name	Maiden Name				
Address	City	State	Zip Code				
Telephone Number		Alternate Number					
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____							
Are you legally eligible to work in the United States? <i>(Proof of eligibility will be required upon offer of employment)</i>				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you over the age of 18 years? <i>(If no, you may be required to provide a work permit)</i>				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever applied to Allied Technologies and Consulting before? <i>(If yes, please give date.)</i> _____				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for Allied Technologies and Consulting before? <i>(If yes, please give date.)</i> _____				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is anyone related to you employed by Allied Technologies and Consulting? If yes, please give their name and relationship to you. _____				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been fired or asked to resign from a job? If yes, please explain _____				YES <input type="checkbox"/> NO <input type="checkbox"/>			
What salary or rate of pay do you expect to receive if employed? _____ per _____							
Do you have any commitments to a current or former employer that might affect your employment with us (including, but not limited to, a non-competition agreement)? If yes, please explain _____				YES <input type="checkbox"/> NO <input type="checkbox"/>			
On what date would you be available to work? _____							
Days and Hours Available: (If employed, I will notify my manager in writing, should my availability change.)							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

AM							
PM							

**EDUCATION**

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)* \_\_\_\_\_

Describe any specialized training, apprenticeships, licenses or skills. \_\_\_\_\_

Have you received any job-related training in the United States Military?

YES  NO

Please give dates and explanation: \_\_\_\_\_

**EMPLOYMENT HISTORY** *(Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at ATC.)*

Company Name :	Employment Dates From: To:	Salary Start	End	Name and Title of Supervisor
Address:		\$	\$	
	Describe your duties:			
Phone:				
Company Name :	Employment Dates From: To:	Salary Start	End	Name and Title of Supervisor
Address:		\$	\$	
	Describe your duties:			
Phone:				
Company Name :	Employment Dates From: To:	Salary Start	End	Name and Title of Supervisor
Address:		\$	\$	
	Describe your duties:			
Phone:				

Company Name :	Employment Dates From: To:	Salary Start	End	Name and Title of Supervisor
Address:		\$	\$	
Phone:	Describe your duties:			
Please provide any other information that you feel will help us in considering your application for employment.				

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known

**APPLICANT 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 submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Allied Technologies and Consulting, LLC (hereinafter referred to as "ATC") that such employment with ATC is at will, for no specified duration and may be terminated by either ATC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of ATC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of ATC except the President and/or Senior Vice President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President and/or Senior Vice President of ATC.

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

I understand that if offered a position with ATC, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory

results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to ATC 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.

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Signature

Date

Name and number of person completing this form if other than applicant: \_\_\_\_\_

ATC IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

SUBMIT BUTTON (sent to [resume@atc-fred.com](mailto:resume@atc-fred.com))