



AMAC Enterprises, Inc.

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

APPLICANT INFORMATION					
Last Name	First	M.I.	Date		
Street Address			Apartment/Unit #		
City	State	ZIP			
Phone	E-mail Address				
Date Available	Social Security No.				
Position Applied for					
How did you learn about us?	Friend <input type="checkbox"/>	Relative <input type="checkbox"/>	Advertisement <input type="checkbox"/>	Employment Agency <input type="checkbox"/>	Walk-in <input type="checkbox"/>
	Other <input type="checkbox"/>	If Other, please explain:			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>*Proof of citizenship or immigration status will be required upon employment.*</i>					
If you are under 18 years of age, can you provide required proof of your eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever filed an application with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
May we contact your current employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
On what date would you be available to work?					
Are you available to work:	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Shift Work <input type="checkbox"/>	Temporary <input type="checkbox"/>	
Are you currently on "lay-off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Can you travel if a job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been convicted of a felony within the last seven (7) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
<i>*Conviction will not necessarily disqualify an applicant from employment.*</i>					
If yes, please explain:					

Start with your PRESENT OR LAST JOB. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Hourly Rate Starting	\$	Hourly Rate Ending \$
Responsibilities/ Work Performed			
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	
Job Title	Hourly Rate Starting	\$	Hourly Rate Ending \$
Responsibilities/ Work Performed			
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	
Job Title	Hourly Rate Starting	\$	Hourly Rate Ending \$
Responsibilities/ Work Performed			
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	
Job Title	Hourly Rate Starting	\$	Hourly Rate Ending \$
Responsibilities/ Work Performed			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>*If you need additional space, please continue on a separate sheet of paper.*</i>			
List professional, trade, business or civic activities and offices held:			

MILITARY SERVICE	
Branch	From To
Service Number	
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE		
<p>I certify that my answers are true and complete to the best of my knowledge.</p> <p>I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.</p> <p>This application for employment shall be considered active for a period of time not to exceed forty-five (45) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview(s) may result in my release. I understand, also, that I am required to abide by all rules and regulations of the employer.</p>		
<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Signature</td> <td style="width: 30%;">Date</td> </tr> </table>	Signature	Date
Signature	Date	

PERSONNEL DEPARTMENT USE ONLY		
Arrange Interview?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Remarks:		
Employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Date of Employment:	
Job Title	Hourly Rate/ Salary	Department
Interviewed by: (Name and Title)	Date	
NOTES:		

RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my workers' compensation claims, motor vehicle operation history and criminal history from various states, private and insurance sources, along with other public records available. Workers' compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY BANKRUPTCY, INC., TO FURNISH THE ABOVE MENTIONED INFORMATION.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

I authorize the National Personnel Records Center, St. Louis, MO, or other custodian of my military records to release to BackTrack, Inc., information or photocopies of my military personnel and related medical records.

Signature _____

Date _____

APPLICANT INFORMATION					
The following must be filled out completely for your application to be considered. (Please print clearly and accurately so as not to cause a delay in processing)					
Last Name		First Name		Middle Name	
Home Address				Maiden Name or any other name used	
City	State	Zip	Country	From Mth/Yr To Mth/Yr	
Social Security Number		Phone Number		Cell Number	
Driver's License Number			State Driver's License Was Issued		
List Previous Addresses to cover last seven (7) years					
Address			City/State		Zip
Country		From Month/Year		To Month/Year	
Address			City/State		Zip
Country		From Month/Year		To Month/Year	