



Employment Application

Allgeier, Martin and Associates, Inc.'s policy is to be an equal opportunity employer and to hire solely on the basis of qualifications and ability to do the job to be filled. The company has adopted a drug free workplace policy and has implemented a smoke free building policy.

(PLEASE PRINT)

| | | | | | | |
|---|--------|------------|------|------------------------|---------------------|--|
| LAST NAME | | FIRST NAME | | | MIDDLE NAME | |
| ADDRESS | Number | Street | City | State | Zip Code | |
| PHONE | Home | Work | | SOCIAL SECURITY NUMBER | | |
| POSITION(S) APPLIED FOR | | | | | DATE OF APPLICATION | |
| HOW DID YOU LEARN ABOUT ALLGEIER-MARTIN OR THIS POSITION? | | | | | | |

Are you applying for permanent, full time employment? Yes No

Are you applying for temporary employment? Yes No

If Yes, through what period(s)? _____

Will you accept temporary or on-call employment? Yes No

Are you applying for part time employment? Yes No

If Yes, state the day(s)/period(s) available _____

Will you accept part time or on-call employment? Yes No

Can you travel if required? Yes No

If Yes, can you provide your own transportation? Yes No

Can you travel for extended periods? Yes No

If Yes, what do you consider a maximum period? _____

Have you ever filed an application with Allgeier-Martin before? Yes No

If Yes, give the date _____

Does your spouse or do any relatives work at Allgeier-Martin? Yes No

If Yes, give name(s) and relation _____

If under the age of 18 can you provide proof of work eligibility? Yes No

Can you demonstrate eligibility to work in the United States? Yes No

Proof of citizenship or immigration status will be required upon employment.

Are you currently employed? Yes No

If Yes, may we contact your present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Date you are available for work _____

Desired pay range \$ _____ / _____

EDUCATION

| School | Name and Address | Course of Study | Years Completed | Diploma/Degree |
|-----------------------|------------------|-----------------|-----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate/Professional | | | | |
| U.S. Military | | | | |
| Other (Specify) | | | | |

WORK EXPERIENCE (Start with your present or last job.)

| | | | |
|--|---|-----------------|--------------------|
| Employer | Period | | Type of Work |
| | From | To | |
| Address | | | |
| Phone | FAX | Pay Rate/Salary | |
| | Starting | Final | |
| Job Title (Starting/Final or Present) | | | |
| Supervisor (Starting/Final or Present) | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason for Leaving |
| Employer | Period | | Type of Work |
| | From | To | |
| Address | | | |
| Phone | FAX | Pay Rate/Salary | |
| | Starting | Final | |
| Job Title (Starting/Final) | | | |
| Supervisor (Starting/Final) | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason for Leaving |
| Employer | Period | | Type of Work |
| | From | To | |
| Address | | | |
| Phone | FAX | Pay Rate/Salary | |
| | Starting | Final | |
| Job Title (Starting/Final) | | | |
| Supervisor (Starting/Final) | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason for Leaving |
| Employer | Period | | Type of Work |
| | From | To | |
| Address | | | |
| Phone | FAX | Pay Rate/Salary | |
| | Starting | Final | |
| Job Title (Starting/Final) | | | |
| Supervisor (Starting/Final) | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason for Leaving |
| Employer | Period | | Type of Work |
| | From | To | |
| Address | | | |
| Phone | FAX | Pay Rate/Salary | |
| | Starting | Final | |
| Job Title (Starting/Final) | | | |
| Supervisor (Starting/Final) | May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason for Leaving |

Employment comments (Include explanation of any gaps in employment):

Specialized training, apprenticeship and skills:

United States military training or experience relevant to the position:

Job related professional, trade, business or civic membership activities and offices held:

Specialized Skills (Office/Field Equipment, Computer Software, Etc.):

Additional Qualifications and Information:

Personal/Professional References *(Do not include family members or past supervisors):*

| | | | |
|------|------------|-------|-------------------|
| NAME | OCCUPATION | PHONE | BEST TIME TO CALL |
| NAME | OCCUPATION | PHONE | BEST TIME TO CALL |
| NAME | OCCUPATION | PHONE | BEST TIME TO CALL |

NOTICE: Do not answer this question unless you have been informed about the job requirements for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?
A review of the activities involved in such a job or occupation has been given.

Yes No

Applicant's Statement

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Allgeier, Martin & Associates, Inc. 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.

| | |
|------------------------|------|
| SIGNATURE OF APPLICANT | DATE |
|------------------------|------|