



APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

AMERI PRO RESTORATION IS AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION						
Print Name: Last		First		Middle Initial	Other Last Name	Today's Date
Address (Street Number and Name)			City	State	Zip	
Phone	Cell / Alternative	Date of Birth		Email		
Driver's License Number			Issuing State	What Position Are You Applying For?		
Desired Wage/Salary		Date Available to Start		How did you learn about the position?		
Are You a US Citizen?	Are You Authorized to Work in the US?	Have You Ever Worked for This Company Before?			If Yes, When?	
Have You Ever Been Convicted of a Felony?	If Yes, Please Explain:					
Have You Served in the Military?	If Yes, What Dates?	Type of Discharge?	If Other Than Honorable, Explain:			
Desired Employment Status: (Full Time, Part Time etc)		Are you Available for: (Circle all that Apply)				
		Overtime	On-Call	Nights	Weekends	Holidays

EDUCATION INFORMATION				
School Name	Location	Years Attended	Received a Degree?	Major

REFERENCES (Please List a Minimum of 3 References - Not Related to You)			
Full Name	How Do You Know	Phone	Address/Location

PROFESSIONAL LICENSES & CERTIFICATIONS			
Type of License / Certifications	Issuing Body or Agency	License/Certification #	Status (Active, Lapsed, Suspended or Revoked)

EMPLOYMENT HISTORY - MOST RECENT FIRST

Employer Name:		Job Title	Start Date	End Date
Address(Street Number and Name)		City	State	Zip
Supervisor	Phone	Duties Performed		
Starting Wage	Ending Wage	Reason for Leaving		
Employer Name:		Job Title	Start Date	End Date
Address(Street Number and Name)		City	State	Zip
Supervisor	Phone	Duties Performed		
Starting Wage	Ending Wage	Reason for Leaving		
Employer Name:		Job Title	Start Date	End Date
Address(Street Number and Name)		City	State	Zip
Supervisor	Phone	Duties Performed		
Starting Wage	Ending Wage	Reason for Leaving		

As an applicant for a position with Ameri Pro Restoration, I understand the need for the organization to conduct a criminal background check as well as obtain motor vehicle report to verify that I have no previous offenses that will affect my eligibility to be employed by Ameri Pro Restoration and be covered by the company insurance policy. (initial) _____

I hereby authorize the investigation of my past and present work, education, military service, character, motor vehicle record and police reports to evaluate any and all information, excluding medical information, which is or may be pertinent to my eligibility for employment. (initial) _____

I hereby authorize any organization or individual contacted to provide any and all information, of record or not, relevant to determine my eligibility for employment. I also agree to hold harmless all participants providing said information. (initial) _____

I give Ameri Pro Restoration the authority to investigate all the information presented in this application and the authority to obtain additional job related information. I agree to release all liability from all individuals or organizations Ameri Pro Restoration may contact to obtain this information. I understand that due to the nature of the jobs at Ameri Pro Restoration an investigative consumer report may be made whereby information is obtained through interviews with various third parties. These inquiries may include information as to criminal, credit, character, general reputation personal characteristics and mode of living, whichever may be applicable. I understand I have the right to make a written request to Ameri Pro Restoration within a reasonable period of time for additional information concerning the nature and scope of any investigation conducted. I also acknowledge receipt of the previous statement regarding investigative consumer reports. (initial) _____

I understand that this application will remain active for consideration for six (6) months (180 days). If at the conclusion of this period, I want Ameri Pro Restoration to continue to consider me for employment, I must reapply. (initial) _____

I understand that Ameri Pro Restoration is an at will employer and that I have the right to terminate my employment with Ameri Pro Restoration likewise, Ameri Pro Restoration reserves the right to terminate my employment at any time. I understand that no one in the organization, except the owner or business manager, and only when in writing, signed, and dated by both parties, can enter into an employment contract, either written or verbal. (initial) _____

I understand that as a condition of employment I agree to comply with Ameri Pro Restoration employee policies and work rules, including but not limited to its emergency call in, attendance, substance abuse, confidentiality and conflict of interest policies. (initial) _____

I understand that as a condition of employment I agree not to commence any action of suit relating to my employment relationship with Amer Pro Restoration beyond six (6) months (180 calendar days) after the date of the event or the date of termination of employment. I also agree to waive any statute of limitation to the contrary. (initial) _____

I understand that my employment will not be considered unless this application is completed in its entirety. (initial) _____

I attest that the information presented in this application is correct and accurate to the best of my knowledge. I understand that if the information is found to be a misrepresentation, it will be sufficient cause to cancel this application for consideration of employment or for termination of employment.

Signature of Applicant

Date