

AMCO MANUFACTURING APPLICATION FOR EMPLOYMENT



MANUFACTURING CO.

To apply, send application to AMCO Manufacturing Company, Attn: Human Resources, PO Box 1107, Yazoo City, MS 39194 or email hr@amcomfg.com.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status or any other legally protected status. We are an equal opportunity employer.

www.amcomfg.com | 800-748-9022

Position Applying For:	Date Available For Work:	Desired Salary Range:
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How did you learn about us?	Print Ad	Online Ad	Friend	Relative	Employment Agency	Inquiry	Other	Referred By
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PERSONAL INFORMATION

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Email		

Best time to contact you:	Are you at least 18 years or older? <small>If no, you may be required to provide authorization to work.</small>	Yes	No
Have you ever been employed with us before?	Yes	No	If yes, give date:
Do any of your friends or relatives work here?	Yes	No	If yes, state name, relationship and location:

Are you currently employed?	Yes	No	May we contact your present employer?	Yes	No	Can you travel if a job requires it?	Yes	No		
Are you legally eligible to be employed in the U.S.? <small>Proof of identity and eligibility will be required upon employment.</small>			Yes	No	Are you available to work:		Full Time	Part Time		
Can you work any shift?	Yes	No	Please indicate:	1st	2nd	3rd	Can you work overtime, including weekends?		Yes	No

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	NUMBER OF YEARS COMPLETED	DIPLOMA/DEGREE
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Resume Provided Select if you will attach your resume to the email or include it in the mail with this application in lieu of completing this section. If no resume, this section is required.

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.

Employer	Dates Employed	From:	To:	Work Performed	
Address					
Telephone Number(s)					
Job Title					Supervisor
Reason For Leaving					

Employer	Dates Employed	From:	To:	Work Performed	
Address					
Telephone Number(s)					
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Reason For Leaving					

EMPLOYMENT EXPERIENCE Continued

Employer	Dates Employed	From:	To:
Address	Work Performed		
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

Employer	Dates Employed	From:	To:
Address	Work Performed		
Telephone Number(s)			
Job Title	Supervisor		
Reason For Leaving			

Explain any gaps in employment:

Describe any specialized training, apprenticeships, skills and extracurricular activities:

Describe any job-related training received in the United States military:

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal race, religion, gender, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Summarize other qualifications or special job-related skills acquired from employment or other experiences:

Have you been informed of the requirements of the job you are applying for?	Yes	No	If yes, can you perform the essential functions with or without accommodation?	Yes	No
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REFERENCES Give the full names of three persons, not related to you, whom you have known for at least three years.

NAME	PHONE NUMBER

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

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.

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.

Date of Application

Signature of Applicant (digitally entered name suffices binding agreement)