



Employment Application

An Equal Opportunity Employer

Drug Free Workplace

For Office Use Only

Date of Hire: _____	W/C Code: _____	Dept#: _____	Emp #: _____
Supervisor: _____	Position: _____	Rate: _____	

Last Name	First Name	Middle	Application Date
Position Desired		Desired Hourly Wage or Salary? \$ _____	*** Expires after 90 days***
Type of employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Shift Desired <input type="checkbox"/> Day <input type="checkbox"/> Night	When Can You Start?

Thank you for submitting this Employment Application to Alliance Power Solutions, Inc.

To be considered for employment with Alliance Power Solutions, Inc., **YOU MUST COMPLETE THIS ENTIRE EMPLOYMENT APPLICATION.** Do not leave any questions unanswered or any blanks without any information. We do not accept résumés instead of this Employment Application or to answer any questions in this Employment Application. If you need extra space, please attach additional pages.

Alliance Power Solutions, Inc. considers all applicants for all positions without regard to sex, race, color, national origin, age, disability, marital status, or any other legally protected category. Alliance Power Solutions, Inc. also provides reasonable accommodations for applicants and employees with disabilities and bona fide religious beliefs. If you need any assistance in completing this application, please let us know.

Alliance Power Solutions, Inc. complies with all federal and state immigration laws requiring it to employ only United States citizens or foreign nationals who have a legal right to work in the United States. As a condition of employment, all employees must submit documentation showing they are legally authorized to work in the United States.

This Employment Application is not a contract. If you are accepted for employment, you will be employed at-will, which means either you or the Company may end your employment at any time.

This Employment Application is only valid for 90 days. If you wish to be considered for employment after 90 days, you must submit a new Employment Application.

How did you learn about Alliance Power Solutions, Inc.? (check one)		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend / Family Member
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Job Fair	<input type="checkbox"/> Other: _____

PERSONAL INFORMATION

Please answer all questions. Resumes are NOT ACCEPTED as a way to answer any questions.

Home Address (no P.O. Boxes permitted)	City	State	Zip
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List every city and state in which you have lived within the last 7 years. Attach additional pages if necessary.

Home Telephone	Alternate Telephone	E-mail
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DRIVING RECORD

Drivers License Number	State	Name as it appears on License
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Have you been issued any traffic violation citations or tickets in the last 7 years? Yes No
If Yes, please provide the date, nature, and police agency that issued the citation. Attach additional pages if necessary.

CRIMINAL RECORD

Complete this section thoroughly. Please note that a criminal record does not necessarily disqualify you from consideration of employment.

Have you ever been convicted of a crime (federal, state, local or military)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever plead guilty or no contest to a felony or misdemeanor? (Include all such pleas, including probation before judgment, suspended imposition of sentence and deferred disposition even if adjudication was withheld.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "Yes" to either question, please provide the dates, place, crimes, and penalty sentence imposed.

Have you ever been a defendant in a civil action for an intentional tort, such as assault or battery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered "Yes," please provide the dates, parties in the suit, the court in which it was filed, a summary of the claims against you, and the disposition of the action.

EMPLOYMENT INFORMATION

Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If employed, you will be required to submit documents showing your authority to work in the United States.</i>	Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Positions for persons under the age of 18 are limited by law. If under the age of 18, you will be required to submit a work if accepted for employment.</i>
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Will you work overtime (which is over 40 hours per week), if necessary for your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Will you work <input type="checkbox"/> days, <input type="checkbox"/> nights, or <input type="checkbox"/> weekends, if required? (please check all that apply)
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Will you travel if necessary for your position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you reviewed the job description for the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any reason you cannot perform the essential functions of the specific position for which you are applying? Attach additional pages if necessary.
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Employment with APSI, Inc. requires fluent speaking and writing in English. Can you meet this requirement?

Please explain why you are interested in the position for which you are applying.

Have you previously worked for APSI, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and under what name?
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Have you previously applied with APSI, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when and under what name?
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Do you have friends or relatives employed by APSI, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list their names.
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Have you signed any employment or other agreement that would restrict you from working for APSI, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe the agreement and bring this to the Company's immediate attention.
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EMPLOYMENT EXPERIENCE

For the last 10 years, please identify all employers and provide detailed information for all periods of unemployment. This section must be completed in full. Attach additional pages if necessary.

Company Name		Start Date	End Date	Supervisor's Name
City	State	Zip Code		Telephone Number
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary
Duties Performed				
Reason for leaving (state whether you left voluntarily or not):				May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company Name		Start Date	End Date	Supervisor's Name
City	State	Zip Code		Telephone Number
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary
Duties Performed				
Reason for leaving (state whether you left voluntarily or not):				
Company Name		Start Date	End Date	Supervisor's Name
City	State	Zip Code		Telephone Number
Most Recent Job Title		Starting Wage or Salary		Ending Wage or Salary
Duties Performed				
Reason for leaving (state whether you left voluntarily or not):				

Company Name				Start Date	End Date	Supervisor's Name	
City		State	Zip Code		Telephone Number		
Most Recent Job Title			Starting Wage or Salary		Ending Wage or Salary		
Duties Performed							
Reason for leaving (state whether you left voluntarily or not):							
Company Name				Start Date	End Date	Supervisor's Name	
City		State	Zip Code		Telephone Number		
Most Recent Job Title			Starting Wage or Salary		Ending Wage or Salary		
Duties Performed							
Reason for leaving (state whether you left voluntarily or not):							
Company Name				Start Date	End Date	Supervisor's Name	
City		State	Zip Code		Telephone Number		
Most Recent Job Title			Starting Wage or Salary		Ending Wage or Salary		
Duties Performed							
Reason for leaving (state whether you left voluntarily or not):							

EDUCATION

Resumes are not accepted as a response to this section. Attach additional pages if necessary.

School Name	City & State	Major/ Area of Study	Did You Graduate?	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	
Vocational/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Currently Enrolled	

OTHER EDUCATION OR TRAINING

Please list any educational seminars, courses, or other training you have received that qualifies you for the position for which you are applying. Attach additional pages if necessary.

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SPECIAL SKILLS

Please list any special skills or experiences that qualify you for the position for which you are applying. Attach additional pages if necessary.

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REFERENCES

Do not include friends or relatives, unless they presently work for the Company.

Name	Telephone Number	Relationship	How Long Known

EMERGENCY CONTACT

In case of an emergency, please provide us with a contact person. This section must be completed in full. Attach additional pages if necessary.

Name	Address	Telephone Number	Relationship

APPLICANT'S CERTIFICATION, AUTHORIZATION, AND RELEASE

*Please read this section carefully,
initial all blanks to the left side of each statement, and sign and date below.*

_____ I certify that the information I provided in this Employment Application is correct and complete. I understand that any false or incomplete information may disqualify me for employment and it may also be grounds for termination of my employment if discovered after start working for the Company.

_____ I authorize the Company or its designated representatives to investigate the information I have provided in this Employment Application by contacting previous employers, schools, references, and others for verification. I hereby release, hold harmless, and indemnify the Company from any claims or liability resulting from its investigation of any information in this Employment Application. In addition, I release, hold harmless, and indemnify my previous employers, schools, references, and others from all claims or liability resulting from the Company's investigation.

_____ I understand that if the Company offers me a job, it will be for no guaranteed period of time and either myself or the Company can terminate the employment relationship with or without notice or cause at any time. I understand that no person other than the President of the Company can enter into employment agreements with any person and that neither this Employment Application nor any of the Company's employment policies, whether contained in an employee handbook or not, constitute an employment contract or modification of my at-will employment relationship with the Company. I further understand that no oral or written representations by any Company representative shall be deemed to constitute the terms of an implied employment contract.

_____ I understand that any offer of employment will be contingent upon me completing any required post-offer medical questionnaires and passing any required physical examinations.

_____ I understand that the Company is a Drug-free Workplace and that any offer of employment with the Company will be contingent upon me passing a pre-employment drug test for controlled substances, which may involve submitting a urine sample. I hereby freely and voluntarily consent to this request and agree to participate in the Company's drug testing program.

_____ I understand that the Company is an equal opportunity employer and that its policy is to make employment decisions without regard to sex, race, color, national origin, age, disability, marital status, or any other legally protected category. I agree that if at any time during the application or hiring process I believe I have been discriminated against on the basis of any legally protected category, I will raise that concern with the Company's Human Resources Department immediately.

Signature

Date