

Are you available to work on weekends?..... Yes No
Would you be available to work overtime, if necessary?..... Yes No
If hired, on what date can you start work?..... _____

Salary Desired: _____

Applicant Information

Have you ever applied to or worked for Archive Management Service, Inc. before? Yes No
If yes, when? _____

Do you have any friends or relatives working for Archive Management Service, Inc. Yes No
If yes, state name(s) and relationship:

Name Relationship

Name Relationship

Why are you applying for work at Archive Management Service, Inc. ?

If hired, would you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old? Yes No
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?..... Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?..... Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (Felony or misdemeanor)..... Yes No
If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Have you filed any type of fraudulent claim against any of your present or past employers?... Yes No
If yes, explain _____

Will you abide by the safety rules of this company?..... Yes No

Have you every been disciplined for violating company safety rules or regulations?..... Yes No

If yes, explain _____

How many days of work (or school) have you missed in the last 6 months? _____

How may times have you been late for work (or school) in the last 6 months? _____

Would you be willing and able to report to work on time every day on a regular and consistent basis?

Yes No If no, please explain _____

Have you ever been fired, or asked to resign, from a job? _____ If yes, please explain _____

Are you currently employed..... Yes No

If so, may we contact your current employer..... Yes No

Do you expect to be working in any other business or job..... Yes No

Education, Training and Experience

| School | Name and Address | No. of years Completed | Did you Graduate? | Degree Or Diploma |
|--------|------------------|------------------------|-------------------|-------------------|
|--------|------------------|------------------------|-------------------|-------------------|

| | | | | |
|-------------|--|-------|--|-------|
| High School | _____ Name _____ Address _____ City State Zip | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
|-------------|--|-------|--|-------|

| | | | | |
|---------------------|--|-------|--|-------|
| College/ University | _____ Name _____ Address _____ City State Zip | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
|---------------------|--|-------|--|-------|

| | | | | |
|----------------------|--|-------|--|-------|
| Vocational/ Business | _____ Name _____ Address _____ City State Zip | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
|----------------------|--|-------|--|-------|

Do you speak, write or understand any other languages?..... Yes No
If yes, which language(s)? _____

Do you have any other experiences, training, qualifications, or skills, which you feel make you especially, suited for work at **Archive Management Service, Inc.**?..... Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?..... Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended?..... Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Do you type?..... Yes No Words per Minute _____

Have you had any computer or word processing experience or training? Yes No

If yes, please describe _____

Use this space below to describe why you are interested in working for our company and to list those skills and abilities, which you feel particularly qualify you for a position with us. If you need more space, please continue on the space below.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Note: Attach Additional page(s) if necessary.

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____
From To

Hourly Pay: _____
Starting Ending

Your position and duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer

Telephone No.

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip

Dates of Employment: _____
From To

Hourly Pay: _____
Starting Ending

Your position and duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer _____

Telephone No. _____

Type of Business _____

Your Supervisor's Name _____

Address & Street _____

City _____

State _____

Zip _____

Dates of Employment: _____
From _____ To _____

Hourly Pay: _____
Starting _____ Ending _____

Your position and duties _____

Reason for Leaving _____

May we contact this employer for a reference?..... Yes No

Name of Employer _____

Telephone No. _____

Type of Business _____

Your Supervisor's Name _____

Address & Street _____

City _____

State _____

Zip _____

Dates of Employment: _____
From _____ To _____

Hourly Pay: _____
Starting _____ Ending _____

Your position and duties _____

Reason for Leaving _____

May we contact this employer for a reference?..... Yes No

Name of Employer _____

Telephone No. _____

Type of Business _____

Your Supervisor's Name _____

Address & Street _____

City _____

State _____

Zip _____

Dates of Employment: _____
From _____ To _____

Hourly Pay: _____
Starting _____ Ending _____

Your position and duties _____

Reason for Leaving _____

May we contact this employer for a reference?..... Yes No

Please Read Carefully, Initial Each Paragraph and Sign Below

initial I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

initial I hereby authorize *Archive Management Service, Inc.* to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

initial I understand that nothing contained in the application, or conveyed during the interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initial Should a search of public records (including records documenting an arrest, indictment, convictions, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

- I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature