

Allies Inc. Application for Employment

PERSONAL INFORMATION

Name (Last Name First)		Email Address	
Present Address	City	State	Zip
	County		
Phone Number ()	Referred by		

EMPLOYMENT DESIRED

Position	Date you can start	Salary desired
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any relatives that work at Allies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes who? _____		
Have you ever applied To Allies, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ When? _____		
Upon offer of hire, are you legally eligible for employment in the U.S. ? <input type="checkbox"/> Yes <input type="checkbox"/> No (Documentation will be required upon hiring.)		
What are your times of availability? No Preference ___ Days ___ Evenings ___ Weekend Days ___ Weekend Evening ___		

EDUCATION HISTORY

Name and Location of school	Years Attended	Did you graduate?	Subjects studied
Grammar School			
High School Diploma Required			
College			
Trade, Business, or Correspondence School			

FORMER EMPLOYERS (List last three, starting with the last employer first): ***please complete all boxes**

Start Date/ End Date	*Name of Employer Address, City, State, Zip Code	*Telephone	*Title	*Reason for leaving

Allies Inc.

Application for Employment

REFERENCES (Give the names of three persons whom you have known for at least 1 year and not related to you with a complete address): ***Please complete all boxes**

*Name	*Address, City, State, Zip Code	*Phone

GENERAL INFORMATION

Subjects of special study/research	
Work or special training/skills	

US MILITARY SERVICE:

RANK:

Have you ever, under your name or another name, been convicted of, or pleaded guilty or no contest to a felony or misdemeanor crime, excluding juvenile adjudication? Yes No

If checked yes please explain: _____

- Have you ever been found civically or criminally liable for abuse? Yes No
- Are you able to lift up to 100 pounds? Yes No If no how much? _____
- Do you have a valid New Jersey Drivers License? Yes No
- Are you able to drive a van? Yes No
- Can you speak, read and write English? Yes No

Additional Comments: _____

AUTHORIZATION:

I certify that all the facts and statements in this application are true and complete to the best of my knowledge. I further understand that if I am employed with Allies, Inc., the discovery of any falsified information is grounds for immediate dismissal.

I authorize the investigation of all statements contained herein and the references, criminal background, driving record and employers listed above to give Allies Inc. any and all information regarding my previous employment they may have, personal or otherwise, and release Allies Inc. from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of Allies Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

I also understand that this application form and other written documentation of work practices and procedures do not constitute a contract for employment, but rather, that employment with Allies Inc. is "at will".

Signature: _____ **Date:** _____

Allies, Inc. is a non union employer.