

# ANTHONY INTERNATIONAL (AI)

An Equal Opportunity Employer

## Employment Application

**Please Print**

**Date** \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ No. Street City State Zip

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

### Employment Desired

Position applying for: \_\_\_\_\_

Are you applying for:	Regular full-time work?	.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Regular part-time work?	.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Temporary work?	.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Shift?	.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available? From: \_\_\_\_\_

Are you available for 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 Range: \_\_\_\_\_

### Personal Information

Have you ever applied to or worked for **AI** before?.....Yes  No  If yes, when? \_\_\_\_\_

How did you hear about the position?  Internet Ad  Agency  Relative/Friend  Other \_\_\_\_\_

Name of Source (If Applicable) \_\_\_\_\_

Do you have any friends or relatives working for **AI**? Yes  No  If yes, state name(s) and relationship \_\_\_\_\_

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

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**Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, describe the functions that cannot be performed.** Yes  No

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Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants and/or employees to perform essential job 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 serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.)** .....Yes  No

If yes, state nature of the crime(s), when and where convicted and disposition of the case

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(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.)

**Applicants please answer the following if the position you are applying for either requires that you drive your vehicle for errands / business OR if you will drive a company vehicle:**

Has your driver's license ever been revoked or suspended?...Yes  No  If yes, state reason(s), date of revocation or suspension and date of reinstatement

Are you currently employed? Yes  No  If so, may we contact your current employer? Yes  No

**Some of our customers (clients) do not speak English. Do you speak, write, or understand any foreign languages?** Yes  No

If yes, which language(s)? \_\_\_\_\_

**Do you have other experience, training, qualifications, or skills, that you feel make you especially suited for work at AI? If so, please explain**

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**Do you have a current non-compete agreement with any current or former employer?** Yes  No

If yes, explain \_\_\_\_\_

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocational/ Business / Graduate			Yes <input type="checkbox"/> No <input type="checkbox"/>	

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School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
School				

**Computer Skills:**

PC Type	Name	Software		Proficient	Minimal
		Yrs Exp.			
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
<b>Word Processing/Typing Speed</b>				<input type="checkbox"/>	<input type="checkbox"/>
_____ wpm/accuracy				<input type="checkbox"/>	<input type="checkbox"/>

**Employment History**

List below all present and past employment starting with your most *recent* employer. Account for all periods of unemployment. Please complete this section even if you are attaching a resume.

1) Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ No. Street City State Zip

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities Included:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

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

2) Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ No. Street City State Zip Code

Type of Business \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities Included:

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\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

May we contact this employer for a reference? Yes  No

3) Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

No.	Street	City	State	Zip
Type of Business	_____	_____	_____	_____

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities Included: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

May we contact this employer for a reference? Yes  No

4) Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

No.	Street	City	State	Zip
Type of Business	_____	_____	_____	_____

Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position: \_\_\_\_\_ Responsibilities Included: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ Number of hours worked weekly: \_\_\_\_\_

Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

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

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military?.....Yes  No   
If so, describe:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

**List below three persons not related to you, who have knowledge of your work performance within the last three years.**

1) **Name** \_\_\_\_\_  
Address \_\_\_\_\_  
                    No. Street City State Zip  
Occupation \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

2) **Name** \_\_\_\_\_  
Address \_\_\_\_\_  
                    No. Street City State Zip  
Occupation \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

3) **Name** \_\_\_\_\_  
Address \_\_\_\_\_  
                    No. Street City State Zip  
Occupation \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

**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

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**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ 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.

\_\_\_\_\_ I hereby authorize AI 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 AI 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 AI, 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.

\_\_\_\_\_ I waive receipt of a copy of any public record described in the paragraph above. Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by AI, I am entitled to copies of any such public records obtained by AI 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 understand that nothing contained in the application, or conveyed during any interview that may be granted or during my employment, if hired, is intended to create an employment contract between AI and myself. 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 AI, and that no promises or representations contrary to the foregoing are binding on AI unless made in writing and signed by me and the AI's designated representative.

\_\_\_\_\_ I hereby agree to submit proof of previous pay information if offered employment by AI by either providing a check stub or W-2 of my most recent employer.

Date \_\_\_\_\_ Applicant's Name \_\_\_\_\_  
(Please Print)

Applicant's Signature \_\_\_\_\_

