

**APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

303.200.6654 (fax)

Please send completed applications electronically to [inquiries@adamworksinc.com](mailto:inquiries@adamworksinc.com) or fax to 303.200.6654

WHAT LED YOU TO APPLY FOR EMPLOYMENT? (Check One)

- PA – Print Ad
- OA – Online Ad (specify which in Other)
- RE - Referred by Staff Member
- RF - Referred by Friend
- CR - College Recruited or Referral
- EA - Employment Agency
- SE - State Employment Agency
- SI - Self Interest
- OT - Other \_\_\_\_\_

Present Date: \_\_\_\_\_

Type of position(s) applied for:  
\_\_\_\_\_

Full Time       Part Time

Name of Referral Source: \_\_\_\_\_

Desired Salary: \$ \_\_\_\_\_

If hired, what hours are you available to work (check all that apply)?

- 7:00 a.m. to 4:00 p.m., M-F
- Overtime Hours (includes weekends)

\*\*AdamWorks operates shifts through the week and may change shift times or days at any time. By completing this application, you agree you are able to work any shift assigned to you and will make necessary changes to work alternative shifts, if necessary. \_\_\_\_\_ (applicant initial).

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Number and Street City State Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_ Mobile Number (if any) (\_\_\_\_) \_\_\_\_\_

Driver's License# and State \_\_\_\_\_ E-mail address (if any) \_\_\_\_\_

- YES  NO Are you legally authorized to work in the U.S.? Note green card or visa number, if applicable \_\_\_\_\_
- YES  NO Have you ever been convicted of a crime, including military court martial, but excluding minor traffic offenses? If yes, state date, jurisdiction, charges and disposition. \_\_\_\_\_
- YES  NO Are you under 18 years of age?
- YES  NO Will you work overtime if necessary?
- YES  NO Will you accept reassignment to another location? If yes, are there any restrictions? \_\_\_\_\_
- YES  NO Can you travel if required? If yes, are there any restrictions? \_\_\_\_\_
- YES  NO Do you have any relatives or persons living in your household who are currently employed by AdamWorks? If yes, who and where are they employed? \_\_\_\_\_
- YES  NO Have you ever worked for AdamWorks or its related entities? If yes, when and which location \_\_\_\_\_  
Position \_\_\_\_\_ Reason for leaving \_\_\_\_\_

# EMPLOYMENT EXPERIENCE

IN THE SPACES BELOW, LIST PRESENT OR MOST RECENT POSITIONS FIRST AND ACCOUNT FOR ALL LAPSES OF TIME. INCLUDE MILITARY SERVICE, SUMMER POSITIONS AND VOLUNTEER WORK EXPERIENCE. IF A RESUME IS ATTACHED, BE SURE THAT ALL REQUESTED INFORMATION IS PROVIDED, EITHER ON THE RESUME OR THIS APPLICATION.

<p>PRESENT OR MOST RECENT POSITION</p> <p>FROM _____ TO _____ NO. MONTHS _____</p> <p>EMPLOYER _____</p> <p>NUMBER AND STREET _____</p> <p>CITY, STATE &amp; ZIP _____</p> <p>PHONE: AREA CODE ( _____ ) _____</p> <p>TYPE OF BUSINESS _____</p> <p>YOUR POSITION _____</p> <p>SUPERVISOR _____</p> <p>BASE SALARY RECEIVED: STARTING: \$ _____ PER _____</p> <p>FINAL : \$ _____ PER _____</p> <p>OTHER COMPENSATION _____</p>	<p>BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p> <p>_____</p>
<p>FROM _____ TO _____ NO. MONTHS _____</p> <p>EMPLOYER _____</p> <p>NUMBER AND STREET _____</p> <p>CITY, STATE &amp; ZIP _____</p> <p>PHONE: AREA CODE ( _____ ) _____</p> <p>TYPE OF BUSINESS _____</p> <p>YOUR POSITION _____</p> <p>SUPERVISOR _____</p> <p>BASE SALARY RECEIVED: STARTING: \$ _____ PER _____</p> <p>FINAL : \$ _____ PER _____</p> <p>OTHER COMPENSATION _____</p>	<p>BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p> <p>_____</p>
<p>FROM _____ TO _____ NO. MONTHS _____</p> <p>EMPLOYER _____</p> <p>NUMBER AND STREET _____</p> <p>CITY, STATE &amp; ZIP _____</p> <p>PHONE: AREA CODE ( _____ ) _____</p> <p>TYPE OF BUSINESS _____</p> <p>YOUR POSITION _____</p> <p>SUPERVISOR _____</p> <p>BASE SALARY RECEIVED: STARTING: \$ _____ PER _____</p> <p>FINAL : \$ _____ PER _____</p> <p>OTHER COMPENSATION _____</p>	<p>BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p> <p>_____</p>
<p>FROM _____ TO _____ NO. MONTHS _____</p> <p>EMPLOYER _____</p> <p>NUMBER AND STREET _____</p> <p>CITY, STATE &amp; ZIP _____</p> <p>PHONE: AREA CODE ( _____ ) _____</p> <p>TYPE OF BUSINESS _____</p> <p>YOUR POSITION _____</p> <p>SUPERVISOR _____</p> <p>BASE SALARY RECEIVED: STARTING: \$ _____ PER _____</p> <p>FINAL : \$ _____ PER _____</p> <p>OTHER COMPENSATION _____</p>	<p>BRIEF DESCRIPTION OF YOUR DUTIES AND RESPONSIBILITIES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>REASON FOR LEAVING: _____</p> <p>_____</p> <p>_____</p>

# EDUCATION AND TRAINING

EDUCATION	NAME	CITY	STATE	YEARS COMPLETED	GRAD YES/NO	GRADE PT. AVERAGE	DEGREE	MAJOR
HIGH SCHOOL							XX	XX
TECHNICAL/VOC SCHOOL								
COLLEGE								
GRADUATE SCHOOL								

**OTHER TRAINING (INCLUDING MILITARY)**

COURSE	DATES ATTENDED	SCHOOL OR INSTITUTION
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPLAIN PERSONAL COMPUTER EXPERIENCE/EXPERTISE, INCLUDING HARDWARE AND SOFTWARE \_\_\_\_\_

\_\_\_\_\_

AIRCRAFT OPERATING LISENCES \_\_\_\_\_

OFFICE MACHINES YOU OPERATE \_\_\_\_\_

## FORMER ADDRESSES

LIST ADDRESSES OF PLACES WHERE YOU HAVE RESIDED DURING THE PAST FIVE (5) YEARS

STREET NUMBER	CITY	STATE & ZIP	FROM		TO	
			MONTH	YEAR	MONTH	YEAR

## BUSINESS OR PROFESSIONAL REFERENCES

(REFERENCES MUST BE PROFESSIONAL, E.G. FORMER SUPERVISORS, MANAGERS, OR INSTRUCTORS. PERSONAL REFERENCES ARE NOT ACCEPTED.)

1. \_\_\_\_\_  

Name	Address	City	State, Zip	Phone No.
Affiliation _____				
2. \_\_\_\_\_  

Name	Address	City	State, Zip	Phone No.
Affiliation _____				
3. \_\_\_\_\_  

Name	Address	City	State, Zip	Phone No.
Affiliation _____				

May we contact your present employer? \_\_\_\_\_ May we contact all past employers? \_\_\_\_\_

Have you been known by any other name(s) which the Company will require to verify your educational, employment and other records as furnished in this application:  YES  NO If yes, give name(s) and identify related school, employer or other places. \_\_\_\_\_

List trade or professional organizations of which you are a member, including offices held \_\_\_\_\_

\_\_\_\_\_

## OTHER PREVIOUS EXPERIENCE

FROM		TO		NAME OF COMPANY	PRESENT ADDRESS OF EMPLOYER CITY AND STATE	POSITION HELD	LAST BASE RATE OF PAY	REASON FOR LEAVING
MONTH	YEAR	MONTH	YEAR					

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### OTHER

IN THE SPACE BELOW, ADD ANY OTHER INFORMATION YOU FEEL WILL ASSIST US IN OUR EVALUATION

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### CONDITIONS

CAREFULLY READ THE PARAGRAPHS BELOW. INITIAL EACH PARAGRAPH. THEN SIGN AND DATE THE APPLICATION.

YOUR INITIALS

\_\_\_\_\_ I understand that all employment is strictly on an "At Will" basis. This means that there is no obligation on either the employer or the employee for continued service. Either the employer or the employee may terminate the employment relationship at any time for any reason or for no reason. Nothing to the contrary, and no commitment (verbal or otherwise) for employment, shall be valid or binding on the Company unless it is expressly set forth in a written document signed by the employee and the Chief Executive Officer of the Company.

\_\_\_\_\_ I certify to the best of my knowledge and belief, all statements in this application are true and correct and I understand that any misrepresentation or omission of information may preclude an offer of employment or may be cause for dismissal.

\_\_\_\_\_ If employed by the Company, I will comply with all rules, regulations, and policies set forth in the Company's policy statements, which may include, without limitation, my satisfactory completion of a physical exam and my submission to a drug or alcohol test. It is further understood that any offer of employment will be contingent upon participation in required employee benefit programs.

\_\_\_\_\_ I certify that I am legally authorized to work in the United States. I understand that any offer of employment is conditional upon my ability to provide documents proving both my identity and authorization to work in the United States, and that failure to produce such documents will result in revocation of the offer or termination of employment.

\_\_\_\_\_ I understand that the Company will accommodate, to the extent practicable, employees with disabilities, to allow access to Company facilities and employment opportunities. I further understand that I have 182 days from this date or the date I know or reasonably should know that such an accommodation is needed, to file a written request for such accommodation.

\_\_\_\_\_ I understand and agree that all information furnished in this application may be verified by the Company or its agent. I hereby authorize all individuals and organizations named or referred to in this application to give information relative to such verification; I understand that they may express their opinions about my past or future performance; and I hereby release such individuals, organizations, the Company or its agent, from any and all liability for any claim or damage resulting therefrom.

\_\_\_\_\_ I grant permission to check my driving record and credit history.

\_\_\_\_\_ I understand that AdamWorks operates shifts throughout the week and may change shift times or days at any time. By completing this application, I agree that I am able to work any shift assigned to me, including those that may require Sundays, and will make necessary changes to alternative shifts, if necessary.

\_\_\_\_\_ I understand that my application will not be considered unless all information is completed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION**  
**DISCLOSURE**

*This form and its associated data will only be used pending an offer of employment.*

As an applicant for employment or a current employee of AdamWorks, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, AdamWorks may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as AdamWorks.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

**AUTHORIZATION**

By signing below I, \_\_\_\_\_, hereby voluntarily authorize AdamWorks to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at AdamWorks. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth