

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone ()
	City, State, Zip			Business Telephone ()
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Social Security #
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)			
Can you Travel?				

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Membership in Professional or Civic Organizations <i>(Exclude those which may disclose your race, color, religion or national origin)</i>

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed - (State month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work _____	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	DO NOT CONTACT
	Employer Number(s) _____ Reason _____

MILITARY	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
Describe any training received relevant to the position for which you are applying. _____ _____		

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

<input checked="" type="checkbox"/>	Provide dates you attended school:	Elementary From _____ To _____	<input checked="" type="checkbox"/>	Number of dependents, including yourself	
	High School From _____ To _____	College From _____ To _____		<input type="checkbox"/>	Are you a Vietnam veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Other (give name and dates)			<input type="checkbox"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
<input checked="" type="checkbox"/>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/>	Date of Marriage	
			<input checked="" type="checkbox"/>	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	What was your previous address?		<input type="checkbox"/>	How long at present address? _____ Years	
			<input type="checkbox"/>	How long at previous address? _____ Years	
<input type="checkbox"/>	Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," with what employers?		<input checked="" type="checkbox"/>	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of age.	
<input checked="" type="checkbox"/>	Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.				
<input checked="" type="checkbox"/>	State names of relatives and friends working for us, other than your spouse.				
<input type="checkbox"/>					
<input type="checkbox"/>					

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The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

_____ Date

_____ Signature

REFERENCE CHECK	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

TEST RESULTS	Tests Administered	Raw Score	Rating	Analysis and Comments

INTERVIEW RESULTS	Interviewer Name and Comments

SELECTFORM, INC. believes that the information solicited from the applicant which lies outside the special section on page 3 is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or local laws and users should consult their own counsel with respect to any legal questions concerning the use of this form.



**AKCA
INC.**

AKCA INC.
DRUG TESTING CONSENT FORM

As a prerequisite to employment, I hereby agree to allow AKCA's drug screening clinic Adkins Chiropractic to collect urine samples from me to determine the presence of illegal drugs in my body. Further, I give my consent to the release of my test results to authorized AKCA management for appropriate review, and authorize AKCA Inc. to use the test results as a defense to any legal action to which I am a party.

I understand that the results of the drug testing of my urine if confirmed positive will remove me from further consideration for employment.

Further I understand that if employed by AKCA Inc. I must abide by the terms of their drug-free workplace policy and may be required to submit to testing for the presence of illegal drugs or alcohol. I understand that submission to such testing is condition of employment with AKCA Inc. and disciplinary action up to and including discharge may result if I refuse to consent to such testing, I refuse to execute all forms of consent and release of liability as are usually and reasonably attendant to such examinations, I refuse to authorize release of the test results to AKCA (if the tests establish a violation of their drug-free workplace policy) or I otherwise violate the policy.

.....

I hereby consent to the administration of the drug test and to the terms and conditions of the consent agreement.

Applicant's Signature: _____ Date: _____
Social Security #: _____

Witnessed by: _____

.....

I hereby refuse the drug detection urine test.

Applicant's Signature: _____ Date: _____
Social Security #: _____

Witnessed by: _____



**AKCA
INC.**

For employment purposes, we need your CDL, Drivers License Information:

Drivers License Number: _____ CDL Class: _____

State: _____

Date Issued: _____ Birth Date: _____

Have you had any tickets or accidents in the last 3 years?
YES / NO

If Yes please explain: _____

I authorize AKCA Inc., to obtain information regarding my driving history from the state of Florida department of motor vehicles. I am aware that if my record is not clean and up to the insurance requirements, I will be terminated.

Name

Witness

Date