



**AKCA
INC.**

AKCA INC offers equal employment opportunities to all persons without regard to race, religion, age, sex, national origin, citizenship status, disability, veteran status, marital status or any other legally protected category. The acceptance of this application does not mean there are positions open and does not obligate AKCA INC in any way.

(PLEASE PRINT)

Position(s) Applied For:					Date of Application	
How Did You Learn About Us?						
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-in		<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Relative		<input type="checkbox"/> Other _____				
LAST NAME		FIRST NAME		MIDDLE NAME		
ADDRESS:	NUMBER	STREET	CITY	STATE	ZIP CODE	
Telephone Number(s)				Social Security Number To Be Received At A Later Date		

Are you at least 18 years of age?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, Give Date _____

Have you ever been employed with us before?

Yes No

If Yes, Give Date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Do you have the legal right to work in the United States?

Yes No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Can you travel?

Yes No

Have you been convicted of a felony in the last 7 years?

Yes No

Convictions will not necessarily disqualify an applicant from employment

If Yes, please explain _____

EDUCATION

	High School	Undergraduate College/University	Graduate/Professional
School Name and Location			
Years Completed	9 / 10 / 11 / 12	1 / 2 / 3 / 4	1 / 2 / 3 / 4
Diploma / Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors you may have received			
State any additional information you feel may be helpful to us in considering your application			

Indicate any foreign languages you can speak, read and/or write

	<u>FLUENT</u>	<u>GOOD</u>	<u>FAIR</u>
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. You may exclude memberships which could reveal sex, race, religion, natural origin, age, ancestry, handicap or other protected status:

REFERENCES: Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States Military? { } Yes { } No

If yes, please describe _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which include race, color, religion, national origin, disability or protected status.

1. Employer	DATES EMPLOYED From /To	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary Starting /Final	
Job Title		
Reason For Leaving		Supervisor
2. Employer	DATES EMPLOYED From /To	
Address		
Telephone Number(s)	Hourly Rate/Salary Starting /Final	
Job Title		
Reason For Leaving		Supervisor
3. Employer	DATES EMPLOYED From /To	
Address		
Telephone Number(s)	Hourly Rate/Salary Starting /To	
Job Title		
Reason For Leaving		Supervisor

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, employment relationship with AKCA INC. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of AKCA INC.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, AKCA INC..

Signature of Applicant _____ DATE: ____/____/____