**ATAS QUALITY SERVICES LLC**

# APPLICATION FOR EMPLOYMENT

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| *An* ***Equal***  *Opportunity*  ***Employer*** | **All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without discrimination on the basis of race, color, religion, age, sex, national origin, citizenship status, physical or mental disability, or past, present, or future service in the Uniformed Services of the U.S., or any other legally protected status. The use of this form does not mean there are positions open and does not obligate us in any way.** | *An* ***Equal***  ***Opportunity***  ***Employer*** |

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| --- |
| PERSONAL INFORMATION Name (Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home or Nearest Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (City) (State) (Zip)  Contact in Case of Emergency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name) (Telephone Number)  If at present address less than one year, please give previous address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you at least 18 years of age? ❑ Yes ❑ No (Applicant must be 18 years of age or older.)  Can you provide documented proof of your identity and eligibility for employment in the United States? ❑Yes ❑ No  (Examples: Driver’s license, Social Security card, birth certificate, and/or Immigration and Naturalization Service Documents) |

Position(s) applied for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How soon could you report to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of employment desired ❑ Full-Time ❑ Part-Time ❑ Temporary Rate of pay Expected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Shift (Days) ❑ 2nd Shift (Evenings) ❑ 3rd Shift (Nights) ❑

What days and hours, if part-time? Days\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From ( ) AM to ( ) PM

Do you have any reason to believe that you would have difficulty meeting this company’s work schedules? ❑ Yes ❑ No

Have you applied for a job with us before? ❑Yes ❑ No Have you ever worked for us before? ❑Yes ❑ No

###### EDUCATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of School** | **Name and Address of School** | **Courses Majored In** | **Check Last Year**  **Completed** | **Graduate?**  **Show Degree** |
| Elementary/Middle |  |  | 5 6 7 8 |  |
| High School |  |  | 9 10 11 12 |  |
| College |  |  | 1 2 3 4 |  |
| Post Graduate |  |  |  |  |

LICENSES/CERTIFICATION: Please indicate the type of license or certification you currently hold:

RN \_\_\_\_\_ LPN \_\_\_\_\_ CNA \_\_\_\_\_ Med Aide \_\_\_\_\_ License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a violation of the law except a minor traffic violation? (A conviction will not necessarily disqualify you from consideration for employment.) ❑Yes ❑No If yes, state date, court, and place where the offense occurred \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

How did you come to apply? ❑ Employee Referral \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Former Employee ❑ Walk-In

❑ Newspaper Ad ❑ High School Recruitment ❑ College Recruitment ❑Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently have any family member(s) working for us or who is a resident here? ❑Yes ❑No

If yes, name of relative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed now? ❑ Yes ❑ No If yes, may we contact your present employer? ❑ Yes ❑ No

Have you ever been discharged or requested to resign from a position? ❑ Yes ❑ No

**PRIOR WORK RECORD (Start with most recent or present employer and complete in full.)**

|  |  |  |
| --- | --- | --- |
| Name and Address of Most Recent Employer |  | Telephone No. |
| Immediate Supervisor (Name & Position) | Date Hired | Starting Rate |
| Job Title & Duties | Date Left | Last Rate |
| Reason for Leaving | May we contact this employer? | ❑ Yes ❑ No |
| 2. Name and Address of Former Employer |  | Telephone No. |
| Immediate Supervisor (Name & Position) | Date Hired | Starting Rate |
| Job Title & Duties | Date Left | Last Rate |
| Reason for Leaving | May we contact this employer? | ❑ Yes ❑ No |
| 3. Name and Address of Former Employer |  | Telephone No. |
| Immediate Supervisor (Name & Position) | Date Hired | Starting Rate |
| Job Title & Duties | Date Left | Last Rate |
| Reason for Leaving | May we contact this employer? | ❑ Yes ❑No |

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| Please provide any additional information such as special skills, training, experience, equipment operation, or other qualifications you feel will be |
| helpful to us in considering your application. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

# REFERENCES

**(Do not list relatives or former employers)**

|  |  |  |
| --- | --- | --- |
| Name | Address | Telephone |
| Name | Address | Telephone |
| Name | Address | Telephone |

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| --- |
| Job Applicant’s Agreement and Certification “I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.”  “I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the company retains the same right.”  “If I am offered employment, I agree to submit to a physical examination whenever requested, and I understand my becoming employed and/or my continued employment are subject to the results of any physical examination related to my job duties in accordance with company policies and procedures.”  “I understand that if employed, policies, and rules which are issued are not conditions of employment and that the employer may revise policies or procedures in whole or in part, at any time.”  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Applicant) (Date) |

**ATAS QUALITY SERVICES LLC**

**EQUAL EMPLOYMENT OPPORTUNITY APPLICANT DATA SHEET**

Angelic Place is an Equal Opportunity Employer committed to fair treatment of all job applicants. We, therefore, desire to take steps to hire, train, and promote all qualified persons. We are asking you to help us measure the effectiveness of our policy by answering the questions below. It would help us if you would complete an Applicant Data Sheet for each position for which you wish to be considered.

The information collected will be used for statistical purposes only. Your assistance is appreciated.

Position Applied For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

Birth Date: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Sex: ( ) Male ( ) Female

Ethnic Origin (Please Check One):

**NOTE:** Ethnic Origin is defined by the Federal Equal Employment Opportunity Commission as follows:

* **White** - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East. (Excluding Spain).
* **Black** - (Not of Hispanic origin) All persons having origins of any of the Black racial groups of Africa.
* **Asian or Pacific Islanders** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, Subcontinent of India, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim, and Bhutan.
* **American Indian or Alaskan Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
* **Hispanic** - Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin.
* **Other** - Not specifically identified in any of the above categories.

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How did you learn of the job for which you are applying?

( ) From an Atas Services employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name

( ) Walk-in ( ) Cable TV Ad ( ) Newspaper Ad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Paper

( ) School Job Listing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Employee Bulletin Board

( ) Virginia Employment Job Service Listing ( ) Other Community Agency

(e.g. Area Agency on Aging, Manpower Services, etc.)

( ) Other Source (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9/2017