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## FOR EMPLOYMENT

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**Please read before completing this application.**

The following information is requested in order to help us make the best possible placement of applicants within ASCI, Inc. All portions of the application pertaining to you must be completed, even if you submit a resume. We appreciate the time you spend completing this application form.

ASCI, in accordance with the State and Federal Laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental disability or arrest record. ASCI is also required by law, by virtue of it's contracts with the Federal Government, to take affirmative action to employ women, minorities, handicapped or disabled individuals and Vietnam Era and disabled Veterans.

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### **- PERSONAL DATA -**

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

How long at this address? \_\_\_\_\_

Telephone \_\_\_\_\_

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

After employment can you submit verification of minimum age and your legal rights to work in the United States ? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### **- POSITION OBJECTIVE -**

Position for which you are applying

\_\_\_\_\_

Type of employment desire

\_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary



\_\_\_\_ Employee referral-Please give employee's name

\_\_\_\_\_

\_\_\_\_ Other-Please explain

\_\_\_\_\_

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**- EDUCATION AND TRAINING -**

Name of school last attended, location, # years completed, major area of study, type of diploma or degree

High School \_\_\_\_\_

College \_\_\_\_\_

Graduate School \_\_\_\_\_

Vocational or Technical School \_\_\_\_\_

Other Training or Schools \_\_\_\_\_

List any educational, vocational and/or professional information which you feel is important to bring to our attention

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

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**- OFFICE EQUIPMENT AND/OR COMPUTER SKILLS -**

Typing Speed WPM \_\_\_\_\_

Ten Key by touch \_\_\_\_ Yes \_\_\_\_ No

Data Entry \_\_\_\_ Yes \_\_\_\_ No

Personal Computer \_\_\_\_ Yes \_\_\_\_ No

What Software Programs

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**- MILITARY SERVICE -**

Branch \_\_\_\_\_

Rank \_\_\_\_\_

Skills acquired

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Note: A discharge other than honorable does not automatically bar employment.

Type of discharge

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**- PERSONAL INFORMATION -**

Have you ever been convicted of or pled guilty to a crime or other offense? (Include military service convictions or guilty pleas). Do not include arrests without conviction, convictions for minor traffic offenses, misdemeanor convictions followed by successful probation or otherwise discharged and judicially dismissed, or convictions for which a record has been sealed or expunged.

\_\_\_\_ Yes      \_\_\_\_ No

If you answered "yes" please explain, include the date, place of offense, charge(s), location of the court and the sentence imposed or other disposition of the matter as a result of conviction(s) or guilty plea(s).

A conviction record does not automatically bar employment. Nature, date and rehabilitation will be considered.

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**- AUTOMOBILE USE -**

**Complete only if applying for Technician, Warehouse, or Sales Positions.**

Do you have a valid Driver's License?  Yes  No

Driver's License Number \_\_\_\_\_

State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have Automobile Insurance in force?  Yes  No

If yes, name of carrier and policy number

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Have you had your Driver's License revoked during the past three years?

Yes  No

If yes, please explain

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**- EMPLOYMENT DATA -**

**This section must be completed even if you submitted a resume. Beginning with your most recent employment, please list all employment during the past ten years. If additional space is needed, please use a separate sheet.**

Employer

Type of Business

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Street Address

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City/State/Zip

Telephone

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Position Held

Supervisor's Name

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Dates Employed (from) \_\_\_\_\_ (to) \_\_\_\_\_

Salary Rate (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Specific Duties

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Reason for Leaving

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May we Contact \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain

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Employer

Type of Business

Street Address

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City/State/Zip

Telephone

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Position Held

Supervisor's Name

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Dates Employed (from) \_\_\_\_\_ (to) \_\_\_\_\_

Salary Rate (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Specific Duties

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Reason for Leaving

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May we Contact \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain

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Employer

Type of Business

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Street Address

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City/State/Zip

Telephone

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Position Held

Supervisor's Name

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Dates Employed (from) \_\_\_\_\_ (to) \_\_\_\_\_

Salary Rate (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Specific Duties

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

Reason for Leaving

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

May we Contact \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain

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

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**- AUTHORIZATION DATA -**

ASCI, Inc. is very interested in it's people and their work environment. We are committed to the belief that through individual professional growth we can achieve our goals as a company. For this reason we require the following authorizations in order to properly evaluate your qualifications. We urge you to read the following points before signing this employment application.

**I UNDERSTAND AND AGREE TO THE FOLLOWING;**

A. ASCI, Inc. may obtain any and all information that it deems necessary to verify all of the statements made in this application. These may include an investigative consumer report or a credit verification. Should a consumer report or credit verification be done, I have the right to make a written request within a reasonable period of time to receive information contained in these reports.

B. ASCI, Inc. and my previous employer(s) shall not be held liable in any respect if employment is not tendered, is withdrawn, or my employment is terminated due to falsification of my statements and answers in this application form. If I am employed, additional personal data will be required for determination of benefits and statistical purposes.

C. ASCI, Inc. makes every effort to keep it's working environments free of controlled, dangerous, substances and/or alcohol. Before any offer of employment will be extended, I will be required to undergo a urinalysis for purposes of detecting illegal substances and/or alcohol. This will be performed at the Company's Industrial Medical Clinic and at the Company's expense. I further understand that if ideal substance and/or alcohol are found in my system, I will not be extended an offer of employment, or that if a conditional offer of employment has been extended, it will be withdrawn.

D. ASCI, Inc. may conduct a Department of Motor Vehicles check of my driving record and may obtain a criminal background investigation report.

E. If I am employed by ASCI, Inc. the Company or I may terminate that employment at will at any time for any reason. No employee of the Company has the authority to modify this orally or in writing, except with the written approval of the Chief Executive Officer or the President of the Company.

F. Though Management tries to reasonably accommodate individual needs, business may at times require working overtime, shift-work, or a schedule that includes Saturday, Sunday, and/or Holidays.

G. Completion of this application does not imply a promise of employment.

I hereby acknowledge that I have read the above statements and understand them, and that any misrepresentation or omission of the facts called herein will, at the Company's option, result in the cancellation of consideration for employment, or dismissal from the Company if I have been employed.

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Signature

Date

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**- TO BE COMPLETED BY EMPLOYER -**

Office\_\_\_\_\_

Job Title/Salary \_\_\_\_\_

Grade\_\_\_\_\_

Start Date\_\_\_\_\_

Department\_\_\_\_\_

Supervisor\_\_\_\_\_

Salary\_\_\_\_\_

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Manager's Approval Signature

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Executive Approval Signature