

Application For Employment

OFFICE USE ONLY	
DEPT:	_____
SALARY:	_____
D.O.H:	_____
BADGE:	_____
EMPL. #:	_____

We consider applicants for all positions without regard to age, race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sexual orientation or sex of any person or any other legally protected status pursuant to **California's Fair Employment Practices and Housing Act, California Labor Code** and other relevant federal, state and local laws.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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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	

If you are under 18 years of age, can you provide required proof of your eligibility to work?
The Fair Employment Practices and Housing Act prohibits discrimination on the basis of age with respect to individuals who are more than 40 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

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

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

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

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.

The application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 this organization.

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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____ Interviewer _____ Date _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
NAME AND TITLE DATE

NOTES

This Application For Employment is sold for general use throughout the State of California. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

Additional Information

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

___ CRT	___ Fax	Production/Mobile Machinery (list)	Other (list)
___ PC	___ Lotus 1-2-3	_____	_____
___ Calculator	___ PBX System	_____	_____
___ Typewriter	___ WordPerfect	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

___ YES ___ NO

References

1.	_____ (Name)	()	_____ Phone #
	_____ (Address)		
2.	_____ (Name)	()	_____ Phone #
	_____ (Address)		
3.	_____ (Name)	()	_____ Phone #
	_____ (Address)		

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

Background Check Release Form

I, _____ (print your name *LEGIBLY*) am aware that Advanced Structural Technologies, INC has requested *DataCheck* to perform a background check in connection with my application for employment with this company. Any information obtained as a result of such an investigation is confidential and will be provided only to Advanced Structural Technologies, INC. I have voluntarily provided the information listed. I am fully aware of the purpose for this background check, and therefore request that people, companies, references, current or former employers, schools, government agencies, and others contacted provide applicable information to *DataCheck*. *DataCheck* is a professional pre-employment background investigation firm performing background checks as its normal course of business. *DataCheck* may make an investigative report in which information is obtained through business associates, financial sources, credit reporting agencies, criminal courts, educational institutions, law enforcement agencies, or other third parties with whom I may be acquainted. I hereby release personal information about me for the purpose of this investigation.

I have the right to request additional disclosures regarding the nature and scope of this investigation

PLEASE PRINT *LEGIBLY*:

Are you currently employed? _____

If currently employed, may we contact your employer to verify your employment? _____

Please print your name as shown on your driver's license:

First Name Middle Name la st Name

Home Address, City, State, ZIP Code: _____

Maiden Last Name (If Applicable) _____

Have you used your maiden name within the last 10 years? _____

Other legal names you have been known by: _____

Social Security Number: _____

Date of Birth (Month/Day/Year): _____

Your Driver's License Number: _____

State of Issue: _____

A daytime phone number, including area code, where we can reach you should we have any questions: _____

Please list all counties you have lived in within the last 10 years:

County State County State County State

Your Signature

CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

As part of our hiring process, Advanced Structural Technologies may request Consumer Reports and/or Investigative Consumer Reports on you from an Investigative Reporting Agency solely for your potential/current and or continued employment with this company. The nature and scope of this investigation may include but is not limited to your employment history, education, credit history, criminal history, character, general reputation, personal characteristics and mode of living and may involve a review of criminal records and records of the Department of Motor Vehicles. Advanced Structural Technologies may obtain one or more consumer reports on you, from one or more consumer reporting agencies, for the purpose of evaluating you for employment, and, if the undersigned is already employed by this company, for purposes of promotion, reassignment, or retention as an employee.

The name of the Investigative Consumer Reporting Agency conducting this consumer report/investigative consumer report is: Data Check, Inc., 63 Via Pico Plaza PMB #247, San Clemente, CA 92672, PH: 800 253 3394. Their website address is: www.datacheckinc.com. You may find Data Check's privacy practices, including whether your personal information will be sent outside of the United States or its territories, and information that complies with California Civil Code subsection 1786.20, on their website under Privacy Policies.

You are being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 181 (g & c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights.

For California Residents: Summary of Section 17185.22 (California Civil Code): You are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification. An investigative consumer reporting agency shall supply files and information during normal business hours and on reasonable notice. Files maintained on a consumer shall be made for the consumer's inspection as follows: In person, by certified mail, by telephone (with proper identification for disclosure). The consumer reporting agency shall provide trained personnel to explain to the consumer and information furnished him and written explanation of any coded information. The consumer shall be permitted to be accompanied by one other person of his or her written explanation. By signing below you also acknowledge receipt of this notice regarding background investigations pursuant to California Law.

Please check this box if you would like to receive a copy of consumer report if one is obtained by Advanced Structural Technologies.

New York applicants or employees only: You have tile right to inspect and receive a free copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

Minnesota and Oklahoma applicants or employees only:

Please check this box if you would like to receive a copy of consumer report if one is obtained by Advanced Structural Technologies

AUTHORIZATION:

I have read and understand the foregoing and hereby authorize this company to obtain one or more consumer reports on me for the purposes described above. I understand that this authorization covers (1) consumer reports obtained in connection with my application for employment and (2) if I am hired or if I am an existing employee, additional consumer reports may be obtained during my tenure. I authorize that a copy of this authorization may be considered as valid as an original.

Please Print your Name

Today's Date

Your Signature

Last 4 Digits of your Social Security Number

For information about your federal rights, contact:

1. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates

Consumer Financial Protection Bureau
1700 G Street NW Washington, DC 20552

Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB

Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580
1-877-382-4357

2. To the extent not included in items 1 above

National Banks, federal savings associations, and federal branches and federal agencies of foreign banks.

Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

State member banks, branches, and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.

Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

Non-member Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations.

FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

Federal Credit Unions

National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street, Alexandria, VA 22314

3. Air carriers

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue S.E. Washington DC 20590

4. Creditors Subject to Surface Transportation Board

Office of Proceedings Surface Transportation Board
Department of Transportation
395 E. Street S.W. Washington, DC 20423

5. Creditors Subject to Packers and Stockyards Act, 1921

Nearest Packers and Stockyards Administration area supervisor

6. Small Business Investment Companies

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

7. Brokers and Dealers

Securities and Exchange Commission
100 F St NE Washington, DC 20549

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

9. Retailers, Finance Companies, and All Other Creditors not listed above.

FTC Regional Office for region in which the creditor operates Q! Federal Trade Commission: Consumer Response Center- FCRA Washington, DC 20580
(877) 382-4357