



**application for employment**

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, or national origin

**ATTENTION!!**

**Read and understand below regarding drug testing and Covid vaccination.**

**We are a DRUG FREE workplace.** All applicants will be subject to a mandatory, pre-employment drug test administered at a testing facility of our choice. Employment is subject to satisfactory results of the drug test. All applicants must go to the facility within 2 hours of receiving their paperwork. You will have to present a photo ID. AFC will cover the expense of the drug test. BUT, if the employee resigns or is terminated within the 90-day probation period, the cost of the drug test will be taken out of the last paycheck.

Covid vaccination is a condition of employment for all employees.

I have read, understand, and agree to the above statement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

EDUCATION	Name & Location of School	Enter last grade completed	Did you graduate	Subject Studied & Degree Received
High School				
College				
Trade, Business				

Are you employed now Y/N Yes No May we contact your employer Y/N Yes

WHAT IS YOUR DESIRED SALARY \_\_\_\_\_

Ever applied or worked for AFC before? Yes No When? \_\_\_\_\_

State name of any relative already employed by AFC \_\_\_\_\_

Do you have a means of getting to and from work? \_\_\_\_\_

Do you have a driver's license? Yes No If yes, license number: \_\_\_\_\_ State \_\_\_\_\_

Has your driver's license ever been revoked or suspended? If so, explain \_\_\_\_\_

Have you ever been involuntarily terminated from any job? Yes No If yes, when \_\_\_\_\_

Have you ever received Workman's Compensation? Yes No If yes, when? \_\_\_\_\_

Have you ever been convicted of a crime? Yes No If yes, for what reason? \_\_\_\_\_

**MILITARY SERVICE**

Branch \_\_\_\_\_

Dates to/from:

Type Discharge \_\_\_\_\_

**FORMER EMPLOYERS**

Date Month & Year	Name & address of Employer	Phone#	Salary	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

**REFERENCES**

Provide the following information for three persons not related to you whom you have know at least one year.

Name	Email Address	Phone	Business	Years Known

**IN CASE OF EMERGENCY**

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

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Email Address: \_\_\_\_\_

Immigration Status: Select one

US Citizen

US Permanent Resident

Work Visa Authorization: If yes, please explain.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal. Further, I understand and agree that my employment is for no definite period time and may be terminated at any time without any previous notice.

Date \_\_\_\_\_

Please print name \_\_\_\_\_

Signature \_\_\_\_\_