



Prospective employees will receive consideration without discrimination because of race, creed, sex, age, national origin, handicap or veteran status.

APPLICATION FOR EMPLOYMENT

*Required to participate in interview.

PERSONAL

*Last Name		*First	Middle	*Date
Street Address				Home Telephone #
City	State	Zip		Alternate Telephone #
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete below. Month and Year Location				How did you find out about AR?
Position Desired				Pay Expected
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		*Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you work overtime, if asked <input type="checkbox"/> Yes <input type="checkbox"/> No
*Legal eligibility to work in the United States		NOTE: Be advised that Nov. 6, 1986 The Immigration Reform and Control Act became law. As result, if hired, applicants will be required to furnish identification and authorization to work documents.		When will you be available to begin work?
I attest that I am one of the following:				
<input type="checkbox"/> A US Citizen of the United States; or <input type="checkbox"/> A non-citizen national of the United States; or <input type="checkbox"/> A lawful permanent resident (Alien ID #): A _____; or <input type="checkbox"/> An alien authorized to work (Alien # or Admisson # required) _____ until _____				

EDUCATION

School	Name & Location of School	Course of Study	# of Years Completed	Did you Graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other special training or skills (languages, machine operation, etc):					

APPLICATIONS WILL BE KEPT ON FILE FOR ONE (1) YEAR.

EMPLOYMENT

Please give an accurate, complete, full-time and part-time employment record.
Start with your present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Pay-Hourly or Annual Start Last
	State Job Title and Describe Your Work	
	Reason for Leaving	

2	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Pay-Hourly or Annual Start Last
	State Job Title and Describe Your Work	
	Reason for Leaving	

3	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Pay-Hourly or Annual Start Last
	State Job Title and Describe Your Work	
	Reason for Leaving	

4	Company Name	Telephone
	Address	Employed (State month and year) From To
	Name of Supervisor	Pay-Hourly or Annual Start Last
	State Job Title and Describe Your Work	
	Reason for Leaving	

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT	
	Employer #	Reason:

APPLICANT: PLEASE READ AND SIGN BELOW

CONDITIONS FOR APPLYING FOR EMPLOYMENT

I am hereby informed that my resume and application are joined together and that if employed, any false statement or significant omission on either document may result in my dismissal.

I further understand that this application, and any other application or verbal presentation made to me is not intended to be an offer or contract for employment.

I certify that I am currently capable of working in an office or electronics environment and will disclose any reasons to the interviewer if I feel I am unable to perform the duties of a job I am being considered for.

In making this application for employment, I authorize you to obtain information from my references supplied during the interview process. I understand that I have the right to make a written request upon hire to receive details about the nature of the reference checks.

I understand and agree that I may be required to take pre-employment tests at the Company's expense. These tests may also be required after employment.

I understand that AR maintains a smoke-free environment and agree to abide by all Company policies regarding smoking.

*PRINT NAME

*SIGNATURE OF APPLICANT

*DATE

PLEASE SEE PAGE 4

MILITARY

Did you serve in the Armed Forces? Yes No

If yes, what branch?

Describe any training received relevant to the position for which you are applying

THANK YOU FOR YOUR INTEREST IN AR!

FOR EMPLOYER'S USE ONLY

REFERENCE CHECK

EMPLOYER #	PERSON CONTACTED	RESULTS
1		
2		
3		
4		