



AM Management Inc. Employment Application

2871 Heinz Road Suite B, Iowa City IA 52240

Phone (319) 354-1961

Fax (319) 351-0070

AM Management, Inc. is an Equal Employment Opportunity Employer

**APPLICATION FOR EMPLOYMENT**

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

**Please make sure this application is completed in its entirety. Information you fail to provide may disqualify you from further consideration. Thank you.**

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

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

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers Lic No: \_\_\_\_\_

How did you learn of our organization?

\_\_\_\_\_

Are you eligible to work in the United States? \_\_\_\_\_

**Work Desired:**

Position(s) for which you are applying: \_\_\_\_\_

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

**Qualifications:** Describe your skills and qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education:** List any schools, colleges, or universities you have attended below:

School	Attend Dates	Graduate?	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are there any reasons why you would not be able to perform the duties of the position to which you are applying, with or without reasonable accommodations? \_\_\_\_\_

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Employment History** List your last three employers below, starting with your most current place of employment.

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

What is your minimum salary requirement? \_\_\_\_\_ per year

Please provide any additional information in support of your application you wish to bring to our attention: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I verify that the information contained in this Application for Employment is true, and that AM Management, Inc. may seek references from my current and former employers, as indicated by the attached authorization. I understand that I may be requested to submit to a drug screening and/or physical by AM Management, Inc. and that any offer of employment is contingent upon my successful passing of the drug screening and/or physical. I further agree that, if hired, either AM Management, Inc. or I may terminate the relationship at will, with or without notice, and for any reason.

AM Management Inc. is an equal opportunity employer. This application for employment will remain on file for sixty days. A new application must be completed if the applicant wishes to be considered further for employment after that time.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date