



Employment Application

Date: _____ First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Position(s) you are seeking: _____ Are you at least 18 years of age? Yes or No

Shift: (check all that apply) 1st 2nd 3rd Status: (check all that apply) Full-Time Part-Time Casual

Are you with or without accommodation, able to perform the essential functions of the position(s) for which you are applying? Yes or No

If employed, do you have the legal right to reside and work in the U.S.? Yes or No
(Proof of citizenship or resident alien status will be required after employment.)

To be employed by Ashford Martin Corporation, you will be required to undergo a Background Check. At this time, are you aware of any past offenses, which may preclude you from being hired? Yes or No

If yes, please indicate: _____

Do you know of or are you related to any other persons employed by Ashford Martin Corporation? Yes or No

EDUCATIONAL BACKGROUND

High School: _____
Name/Address _____ Diploma/Degree _____ Major _____

College: _____
Name/Address _____ Diploma/Degree _____ Major _____

Post Graduate: _____
Name/Address _____ Diploma/Degree _____ Major _____

Other specialized training/education experience relevant to position(s) applying for:

EMPLOYMENT HISTORY

List employment history, beginning with your present or most recent employer. Please include any work performed on a volunteer basis, time spent in military service or education. You may submit a resume or use additional sheets to complete your work history.

1. Employer's Name and Address: _____ Telephone: _____

Employed From: _____ To: _____ Job Title: _____

Base Salary: \$ _____ per _____ Supervisor: _____

Briefly describe your duties and responsibilities: _____

Reason(s) for leaving: _____

2. Employer's Name and Address: _____ Telephone: _____

Employed From: _____ To: _____ Job Title: _____

Base Salary: \$ _____ per _____ Supervisor: _____

Briefly describe your duties and responsibilities: _____

Reason(s) for leaving: _____

3. Employer's Name and Address: _____ Telephone: _____

Employed From: _____ To: _____ Job Title: _____

Base Salary: \$ _____ per _____ Supervisor: _____

Briefly describe your duties and responsibilities: _____

Reason(s) for leaving: _____

4. Employer's Name and Address: _____ Telephone: _____

Employed From: _____ To: _____ Job Title: _____

Base Salary: \$ _____ per _____ Supervisor: _____

Briefly describe your duties and responsibilities: _____

Reason(s) for leaving: _____

ADDITIONAL TRAINING AND CERTIFICATIONS

APPLICANT AGREEMENT

I acknowledge the information I have supplied is correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions of fact may be grounds for rejection of my application or for dismissal from subsequent employment.

I understand that consideration for employment is contingent upon the results of a reference and background check. I authorize Ashford Martin Corporation to investigate all statements made on my application and to discuss the results of this information with those responsible for hiring. I further authorize Ashford Martin Corporation to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and the contacted persons to respond to questions pertaining to me. Further, I release from liability such former employer(s) or other persons providing information to Ashford Martin Corporation, or its affiliates, in accordance with the Fair Credit and Reporting Act, I will be provided with a complete disclosure of any additional information obtained through the investigation. I understand that if hired my employment is at-will and may be terminated with or without cause, with or without notice, at any time by Ashford Martin Corporation, or me. I also understand that while personnel policies, programs, procedures, and benefits may change from time to time, such at-will status is not subject to change absent a written agreement signed by the president of Ashford Martin Corporation.

I agree that photocopies of this release, as signed by the undersigned, may be used as authorization for release of employment and/or medical records to the Ashford Martin Corporation or its agents or representatives.

Applicant Signature: _____ Date: _____

