

AMG Employee Application



Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

We are an Equal Opportunity Employer and are committed to excellence through diversity.

Personal Information

Name			DOB
Address		City	State Zip
Phone Number	Mobile Number	Email Address	
Are You a U.S. Citizen? Yes No		Have You Ever Been Convicted of a Felony? Yes No	
If Selected for Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes No			

Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired Full Time	Part Time	Seasonal/Temporary

Shift Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							
Overnight							

Education

School Name	Location	Years Attended	Degree Received	Major

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References

Name	Title	Company	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name	Signature
Date	