

Application for Employment

ATC, Inc.

Adjustment Training Center, Inc.
607 N. 4th Street – Aberdeen 57401
(605) 229-0263 Fax: 225-3455
www.abatc.org

PLEASE PRINT OR TYPE

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ____ / ____ / ____

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN WEBSITE OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NUMBER () -- SOCIAL SECURITY NUMBER -- --
AREA CODE

If necessary, best time to call you at home is

May we contact you at work? YES NO

If yes, work number and best time to call () --
AREA CODE TIME

Have you filed out an application here before? YES NO

If yes, give date / /

Have you ever been employed here before? YES NO

If yes, give dates FROM / / TO

Are you legally eligible for employment in this country? YES NO

(Proof of US Citizenship or immigration status will be required upon employment)

Date available for work / /

Type of employment you will accept: FULL-TIME PART-TIME

Salary Desired:

Are you willing to work shifts? YES NO

Do you have a valid driver's license? YES NO

Do you maintain automobile coverage? (Proof of coverage will be required upon employment). YES NO

Have you ever been convicted of a felony, sex related offenses or crimes involving a child or vulnerable adult? YES NO

(Convictions will not necessarily disqualify you from employment)

If yes, please explain all convictions: _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED FROM TO		Summarize the nature of the work performed and job responsibilities
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE FINAL		
ELIGIBLE FOR RE-HIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED FROM TO		Summarize the nature of the work performed and job responsibilities
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE FINAL		
ELIGIBLE FOR RE-HIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$	PER	
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REASON FOR LEAVING		HOURLY RATE FINAL		
ELIGIBLE FOR RE-HIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$	PER	
EMPLOYER	TELEPHONE () -	DATES EMPLOYED FROM TO		Summarize the nature of the work performed and job responsibilities
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IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE FINAL		
ELIGIBLE FOR RE-HIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$	PER	

Comments (including explanation of any gaps in employment)

SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with ATC, Inc.

Educational Background

Do you possess a high school diploma or GED?

YES

NO

A. List schools attended, *starting with last one*. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank and **E.** major and minor field of study (if applicable).

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	E. MINOR

References

List name and telephone number of three personal references who are *not* previous supervisor. At least one reference should be a close family member.

NAME	RELATIONSHIP	TELEPHONE	YEARS KNOWN
		() -	
		() -	
		() -	

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age ancestry, or other protected status.) _____

Please list all states (including counties if known) in which you have lived, worked or attended school. _____

List any additional information you would like us to consider. _____

All information contained on this application is true, and it is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination from ATC, Inc. if I have been employed. I understand that this application does not constitute an employment contract. Furthermore, I understand that just as I am free to resign at any time, ATC, Inc. reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of ATC, Inc. has the authority to make assurance to the contrary.

I give ATC, Inc. the right to investigate all references and to secure additional information about me. I hereby release from liability ATC, Inc. and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

ATC, Inc is an equal opportunity employer. ATC, Inc. does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date _____ / _____ / _____

For Company Use Only

Date application was received? _____

Complete

Incomplete

Requirements:

Diploma / GED Yes No

Valid Driver's license Yes No

18 yrs. of age Yes No

Date of initial interview? _____

Date of 2nd interview? _____

Date reference checks were completed? _____

Contingent job offer made? Yes, Date _____

No, Reason _____

Pre-employment drug test

Date completed? _____

Date of results? _____

Start Date: _____

Voluntary Affirmative Action Information

(Completion of information below is voluntary)

Equal Employment Opportunity and Affirmative Action Statistics

The Adjustment Training Center is an Equal Opportunity Employer. We comply with government regulations and affirmative action responsibilities. This attached information in no way influences employment prospects. It is separated from your application immediately and is part of our EEO Program. This information is maintained confidentially and is not available to any employing agency. Your responses are voluntary.

Date ____ / ____ / ____

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE

ADVERTISEMENT EMPLOYEE RELATIVE WALK-IN SCHOOL
 WEBSITE GOVERNMENT EMPLOYMENT AGENCY OTHER _____
NAME OF SOURCE (IF APPLICABLE) _____

APPLICANT'S NAME _____ (_____) - _____
LAST FIRST MIDDLE AREA CODE PHONE

ADDRESS _____
STREET CITY STATE ZIP CODE

CHECK ONE: MALE FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUP

HISPANIC OR LATINO BLACK WHITE AMERICAN INDIAN/ALASKAN NATIVE ASIAN
 NATIVE HAWAIIAN TWO OR MORE RACES (NOT HISPANIC OR LATINO)

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE

VIETNAM ERA VETERAN DISABLED VETERAN INDIVIDUAL WITH A DISABILITY

TO BE COMPLETED BY APPLICANT-NOT FOR INTERVIEW PURPOSES-TO BE FILED SEPERATELY FROM APPLICATION

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BACKGROUND CHECK AUTHORIZATION

The Adjustment Training Center conducts background checks for employment related purposes. I hereby understand and approve for a background check to be obtained as part of the hiring process.

I hereby release from liability, ATC, Inc. and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Full Name: _____	
Maiden Name: _____ (if applicable)	Any other name known by: _____ (if applicable)
Birth Date: _____	Social Security Number: _____
Driver's License Number: _____	State: _____
Current Address: _____	
Former Address: _____	

Print Name

Signature

Date

DRUG FREE WORK PLACE APPLICANT CONSENT FORM

I understand that ATC, Inc. requires drug testing of all job applicants conditionally offered employment with ATC, Inc.

I understand that any offer of employment is contingent upon a negative test. I understand that I have the right to refuse a request to submit to drug testing and/or refuse to authorize the release of results to ATC, Inc, but I also understand that such refusal will result in the withdrawal of the employment offer. In addition, I understand that in the event of a confirmed positive test result, ATC, Inc. may withdraw any previously extended offer of employment. I hereby give my consent to authorize that test results be given to ATC, Inc., so they may rely upon the results in determining my employment status.

I also understand that if I do not sign this form or do not show up for my scheduled appointment my application will be withdrawn from employment consideration.

Signature

Date

“ACHIEVEMENT THROUGH COMMITMENT”