



APPLICATION FOR EMPLOYMENT:

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or any other legally protected status, Action, Inc., is an Equal Opportunity Employer

Name in Full (First, Middle, Last)	Date	Social Security Number
Present Address City State Zip	Phone No.	Cell Number

In Case of Emergency Notify:
 Name and Relationship: _____ Address: _____ City: _____ State: _____ Phone Number: _____

IMPORTANT: Give Name and Address of Last Three Employers

Name and Address of Employer (Include Phone Number)	Salary	Position	Reason for Leaving	EMPLOYED	
				From	To

EMPLOYMENT DESIRED

Position For Which You Are Applying For: _____
 Are You Employed Now? _____ If So, May We Contact Your Employer? _____
 Salary Desired: _____ Date You Can Start: _____
 Have You Ever Applied with This Company Before, If So, When: _____ and Where: _____
 Do You Have Any Relatives Employed Here? ___ Name _____ Relationship: _____

If you were referred to Action Inc. by an active employee, please let us know who:
 name _____

EDUCATION

Name & Locations of School	Years Attended	Courses Studies
High School: _____	_____	_____
Business School: _____	_____	_____
College: _____	_____	_____
Graduate School: _____	_____	_____
Other: _____	_____	_____

Additional Information: _____

REFERENCES: Give Names of Two (2) Persons Not Related to You Whom You Have Known at Least One (1) Year *Please Note: References Will Be Checked			
NAME	ADDRESS & PHONE NUMBER	BUSINESS	YRS ACQUAINTED

DRIVING RECORD

What Type of Driver's License Do You Have?

_____ Operator _____ Class A _____ Class B _____ Class C _____ Class D
Driver's License Number: _____ State _____ Expiration Date: _____

***Release: I hereby authorize release of my driving record to Action, Inc. which will include but is not limited to the record of all accidents in which I have been involved and of all arrests and warning tickets which have been issued to me.

X _____
Signature

CERTIFICATION & LICENSING INFORMATION

Plumber License Number: _____ State: _____ Expiration Date: _____
HVAC License Number: _____ State: _____ Expiration Date: _____
Welder (Certified): _____ State: _____
Other: _____

If The Job You're Presently Working on Moves to A New Location, Will You Accept Employment At The New Location? _____ YES _____ NO

APPLICATION CERTIFICATION

I am not disabled in any way which would prevent me from steadily performing all the work of the job applied for in this application.

I hereby certify that all questions answered are correct, and authorize the company to contact my former employers, references furnished, and all other sources that they see fit to verify the facts and information furnished regarding my character and qualifications. Included in these qualifications will be the appropriate documents furnished by me verifying citizenship or valid authority to work in this country. These will be furnished in conjunction with the Immigration Reform and Control Act of 1986 and/or other applicable laws. I understand that the completion of this form or any other application form of the company does not assure me a position with said company or obligate the company in any way. I further understand that this application is not, nor is it intended to be a contract of employment and that any employment relationship will occur. I understand that I am required to abide by all the rules and regulations of the company. I understand that any misleading, incorrect, or omitted statements may render this application void, and would cause immediate discharge.

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

DRUG TESTING CONSENT FORM

I have applied for employment with Action, Inc. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Action, Inc.

I hereby authorize any physician, laboratory, hospital, or medical professional retained by Action, Inc. for screening purposes to conduct such screening and to provide the results to Action, Inc., and I release Action, Inc. and any person affiliated with Action, Inc. and any such institution or person conducting the screening, from liability.

Signature Of Applicant: _____ Date: _____