

# EMPLOYMENT APPLICATION

HAMMACK MANAGEMENT, INC., AMO ®

3775 Cassia St. Boise, ID 83705  
(208) 342-7368 ~ FAX: (208) 342-7325

DATE: _____	SSN #: _____ - _____ - _____
NAME: _____	
PRESENT ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
PREVIOUS ADDRESS: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____	REFERRED BY: _____

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ MAY WE CONTACT YOUR CURRENT EMPLOYER? \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ WAGE (required): \_\_\_\_\_

HAVE YOU APPLIED WITH US BEFORE? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

I UNDERSTAND THAT A CREDIT REPORT AND CRIMINAL BACKGROUND CHECK WILL BE OBTAINED TO ASSIST IN DETERMINING MY ELIGIBILITY FOR EMPLOYMENT. I UNDERSTAND THAT IF I AM DENIED EMPLOYMENT BASED ON INFORMATION CONTAINED IN MY CREDIT REPORT, I WILL RECEIVE AN ADVERSE ACTION NOTICE AND MAY REQUEST A FREE COPY OF SAID REPORT WITHIN 60 DAYS OF ADVERSE ACTION. I FURTHER UNDERSTAND THAT I WILL BE REQUIRED TO PASS A PRE-EMPLOYMENT DRUG TEST TO BE ELIGIBLE FOR EMPLOYMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>EDUCATION</b>	
HIGH SCHOOL: _____	DEGREE _____
COLLEGE/TRADE: _____	DEGREE _____
OTHER TRAINING: _____	DEGREE _____

<b>EMPLOYMENT</b> (current employment first)	
FROM: _____ TO: _____	NAME: _____
ADDRESS: _____	PHONE: _____
SALARY: _____	POSITION: _____
REASON FOR LEAVING: _____	

FROM: _____ TO: _____	NAME: _____
ADDRESS: _____	PHONE: _____
SALARY: _____	POSITION: _____
REASON FOR LEAVING: _____	

FROM: _____ TO: _____	NAME: _____
ADDRESS: _____	PHONE: _____
SALARY: _____	POSITION: _____
REASON FOR LEAVING: _____	

**REFERENCES:** (give the names of three persons, not related to you, whom you have know for at least one year)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROFESSION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROFESSION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PROFESSION: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF AN ILLEGAL ACTIVITY? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR, IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY:**

COMMENTS: \_\_\_\_\_

DATE HIRED: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_