



# American Alert

Fax 440 466-3971

## Employment Application

*American Alert is a drug free environment. Random drug testing is practiced*

### PERSONAL

Date of Application \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Initial Social Security No. \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street City State Zip Code

How long have you lived at this address? \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Job applied for \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening \_\_\_\_\_

### AVAILABILITY

List hours available to work per week:

Check here if available anytime.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

Have you ever applied at American Alert before?  Yes  No Date? \_\_\_\_\_

On what date would you be available to start work? Date? \_\_\_\_\_

### HOW WOULD YOU RATE YOURSELF

(1=Improvement needed 2=OK 3=Good 4=Top Performer)

\_\_\_\_\_ Energy Level: Your sense of self-motivation and enthusiasm

\_\_\_\_\_ Communication Skills: Your ability to listen well, express ideas clearly and accept feedback

\_\_\_\_\_ Hospitality: Your natural friendliness and customer service skills

\_\_\_\_\_ Reliability: Your dependability, attendance, self-discipline and dedication

\_\_\_\_\_ Personal Pride: Your appearance, hygiene and achievement

\_\_\_\_\_ Team Work: Your cooperation with others and team spirit

1. What achievement in life are you most proud of? \_\_\_\_\_

2. What are your personal strengths? \_\_\_\_\_

3. What are your personal weaknesses? \_\_\_\_\_

4. What are your five year goals? \_\_\_\_\_

Do you have **reliable** transportation to work?  Yes  No

Do you have any relatives or friends currently working at American Alert? \_\_\_\_\_

**(PLEASE NOTE: ALL ITEMS ON THE REVERSE SIDE MUST BE COMPLETED)**

In the event you are required to use your personal or company automobile to conduct company business, please complete the following:

Do you have a valid driver's licence?  Yes  No If yes, indicate \_\_\_\_\_  
State Number  
 Do you have any DUI's / DWI's ?  Yes  No Do you have automobile liability insurance?  Yes  No

\* Only applicants whose job will involve driving need respond. Ask the manager to whom you are applying for details.

**LIST BELOW, BEGINNING WITH YOUR MOST RECENT, ALL PRESENT AND PAST EMPLOYMENT**

Name, Address of Company	From		To		Position Held		Weekly Salary	Reason For Leaving
	Mo	Yr	Mo	Yr	Title	Duties		

**PERSONAL REFERENCES (Not former employers or relatives)**

Name and Address	Occupation	Phone Number

**RECORD OF EDUCATION**

School	Name of School	Course of study	Circle Last Year Completed				Did you graduate	Grade Average	Diploma or Degree
High			1	2	3	4			
College/Voc			1	2	3	4			

**BACKGROUND**

Are you 18 years of age or older?  Yes  No If no, Date of Birth   /  /    
 Have you ever been convicted of any felony?  Yes  No  
 Have you ever been convicted of any crime, excluding misdemeanors?  Yes  No  
 Have you ever been convicted of any crime, involving violence to another person?  Yes  No  
 Have you ever been convicted of any crime, involving dishonesty?  Yes  No  
 Are you serving probation for any misdemeanor offense?  Yes  No

**IMPORTANT - READ BEFORE SIGNING**

I certify that information given herein is true and complete to the best of my knowledge. American Alert complies with the fair credit reporting act of 1996. I authorize investigation of all statements and references contained in this application as may be necessary in arriving at an employment decision, including request for criminal, credit, or motor vehicle driving records. I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice or may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. Our random drug testing could require you to submit to a drug testing to detect the use of illegal drugs during employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_