

# Asset Protection Corporation (APC)

An Equal Opportunity Employer

## Application for Employment

Please Type or Print all information

Personal Data			
Name : ( Last, First, Middle )		Maiden Name:	Today's Date / /
Previous Name(s) used:	Cell Phone Number ( ) -	Home Phone Number : ( ) -	
Permanent Address: (Street, City, State, Zip)		E:mail address:	
Position Desired:	Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Days and Hours Available for Work:	
Have you ever been employed by APC, its predecessors or its affiliates? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when/where?		If employed for the position, for which you have applied, would you be in a direct reporting relationship to any relative or member of your household? <input type="checkbox"/> YES <input type="checkbox"/> NO	
In accordance with the United States Immigration Reform and Control Act of 1986, all applicants hired will be required to comply with the employment eligibility verification provisions as a condition of employment. Please answer the following:  Can you submit a legal verification of your right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Please explain below** :	
Do you have a current employer with whom you would be employed after employment by APC, or, if employed by us, would you plan to hold concurrent employment elsewhere?  <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:		Driver's License # _____ State _____ Expiration Date    /    /	

Employment History: Please list employment beginning with your most recent position (include Military Positions)			
<b>1</b>	Employer Name and Address:		Job Title:
	Employed From:                      to	Starting Salary: \$	Ending Salary: \$
	Job Responsibilities:		
	Reason for Leaving:		
	When may we contact this employer: Date: _____	Name & Telephone Number of Supervisor: ( ) -	Name & Telephone Number of Additional Reference: ( ) -
<b>2</b>	Employer Name and Address:		Job Title:
	Employed From:                      to	Starting Salary: \$	Ending Salary: \$
	Job Responsibilities:		
	Reason for Leaving:		
	Name & Telephone Number of Supervisor: ( ) -	Name & Telephone Number of Other Reference:	Name & Telephone Number of Additional Reference: ( ) -

\*\* A criminal conviction record will not result in an automatic bar from employment. We will take into consideration conviction records which are substantially related to the duties of the job for which you applied. You do not need to answer "YES" to a felony conviction that has been sealed or expunged.

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<b>3</b>	Employer Name and Address:		Job Title:
	Employed From: _____ to _____	Starting Salary: \$ _____	Ending Salary: \$ _____
	Job Responsibilities:		
	Reason for Leaving:		
	Name & Telephone Number of Supervisor: ( ) - _____	Name & Telephone Number of Other Reference: _____	Name & Telephone Number of Additional Reference: ( ) - _____
<b>4</b>	Employer Name and Address:		Job Title:
	Employed From: _____ to _____	Starting Salary: \$ _____	Ending Salary: \$ _____
	Job Responsibilities:		
	Reason for Leaving:		
	Name & Telephone Number of Supervisor: ( ) - _____	Name & Telephone Number of Other Reference: _____	Name & Telephone Number of Additional Reference: ( ) - _____
<b>5</b>	Employer Name and Address:		Job Title:
	Employed From: _____ to _____	Starting Salary: \$ _____	Ending Salary: \$ _____
	Job Responsibilities:		
	Reason for Leaving:		
	Name & Telephone Number of Supervisor: ( ) - _____	Name & Telephone Number of Other Reference: _____	Name & Telephone Number of Additional Reference: ( ) - _____

List all employers - continue on a separate sheet if necessary. Attach resume if available.

Education			
School Name, Location (City, State, and Country if other than U.S.)	Major Course of Study	Graduation Date:	Degree/Certificate
High School/GED:			
College/Trade School:			
College/Trade School:			
Graduate School:			
Please tell us about any honors or special recognition you have received			

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**Skills:** Please list any skills or training you have completed which will aid in evaluating your qualifications for the position you are seeking

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Professional Certifications/Affiliations:

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**Applicant Release and Privacy Statement:** Please read carefully before signing

**Nature of Employment:** I understand that any employment relationship between APC and me will be of an “at-will” nature, which means that with or without cause at any time I may resign or APC may terminate my employment. I further understand that no representative of APC has any authority to enter into any employment agreement for a specific period of time or to make any agreement with me contrary to the above unless such agreement is in writing and signed by the President of APC.

**Physical Examination/Drug Test:** I will take a post-offer physical examination and/or drug test from a physician designated by APC, at APC’s expense. I authorize the physician or testing facility to provide APC the results of the examination and I release APC from any liability from the use of such information for employment purposes. I understand that further employment consideration for job placement may be affected by the results of the examination.

**Certification of Accuracy Statement:** I certify that all statements I have made on this application and related papers and in interviews are true, and I understand any falsification, misrepresentation or intentional omission may be grounds for eliminating me from further employment consideration, rescinding an employment offer or cause for dismissal without any obligation on the part of APC, except for payment to me for the employment services already rendered.

**APC will not discriminate against any employee or applicant for employment because of age as defined by applicable law, religion, sex, race, color, genetic information, national origin, ancestry, or because they are disabled, a disabled veteran or Vietnam era veteran, or any classification protected by law. Answers to questions will be utilized for applicable, job-related information only.**

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

This Application will remain active for 60 days. For consideration beyond 60 days, you must reapply.