

BEFORE YOU FILL THIS OUT, SAVE a copy to your computer so you don't lose your work!  
You will have to fill this out, save it, then send it via email to [info@amprosports.com](mailto:info@amprosports.com) as an attachment. You can include a resume on that email as well if you have one.



A M P R O

## APPLICATION FOR EMPLOYMENT

American Process Lettering, Inc. (AMPRO) is an equal employment opportunity employer and does not engage in or tolerate unlawful discrimination including any form of unlawful harassment on account of a person's race, creed, religion, color, sex, marital status, age, sexual orientation or preference, national origin, parental status, ancestry, citizenship, disability, veteran status or membership in any other protected group.

Please inform us if you require accommodation in order to complete the application process.

*Please Print*

Name \_\_\_\_\_  
Last First Middle

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

This application for employment is good for 6 months only. Consideration for employment after 6 months requires a new application.

If you come across an area of this application which you cannot fill out due to an error in the form, please use this area to explain:

**Please Print**

**Personal**

Last Name	First	Middle
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Address	Phone Number: Home: Email:
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Position Applying For:	If no phone number, how may we contact you?
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Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary Desired:	Date Available for Work:
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What type of position are you interested in?  Full-time  Part-time  Temporary

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.
To	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.	A.M. P.M.

On occasion overtime may be required. Are you available to work overtime?  Yes  No  
 How did you hear about our Company?  Ad  Internet  Agency  Employee Referral  Other  
 Referred by: \_\_\_\_\_

Have you ever been employed by American Process Lettering (AMPRO)?  Yes  No

Have you previously applied at American Process Lettering (AMPRO)?  Yes  No Date Applied: \_\_\_\_\_

Are you currently in a lay-off situation and subject to recall?  Yes  No  
 If yes, what is your anticipated date of recall?

Are you able to perform the essential requirements of the position for which you are applying?  Yes  No  
 If no, are there reasonable accommodations that can be made to allow you to perform the essential requirements of the position?

**Education**

	Name of School & Location	Major/ Concentration	Graduated Yes/No/GED	Type of Degree	Years Completed
High School					1 2 3 4
College/University					1 2 3 4
Graduate or Professional					1 2 3 4
Trade or Business					1 2 3 4

Job related courses and/or seminars:

Other special knowledge, skills, qualifications, professional designations, or licenses:

Your name listing (if different from above in the personal section) under school/employment records:

For Truck Driver candidates only: Type of License(s) Held:  
 State and License Number:

**Please Print**

**EMPLOYMENT HISTORY**

*Start with your present or most recent position. Include military service if applicable. Please fill out completely, even if attaching a resume.*

Employed From	Present Employer	Manager	Starting Salary
Employed Until	Address	Phone Number	Ending Salary
Job Title/Department		Reason for Leaving	
Duties & Responsibilities			
<hr/>			
Employed From	Previous Employer	Manager	Starting Salary
Employed Until	Address	Phone Number	Ending Salary
Job Title/Department		Reason for Leaving	
Duties & Responsibilities			
<hr/>			
Employed From	Previous Employer	Manager	Starting Salary
Employed Until	Address	Phone Number	Ending Salary
Job Title/Department		Reason for Leaving	
Duties & Responsibilities			
<hr/>			
Employed From	Previous Employer	Manager	Starting Salary
Employed Until	Address	Phone Number	Ending Salary
Job Title/Department		Reason for Leaving	
Duties & Responsibilities			



# AMPRO

**Request for Business or Professional References**

Name of Applicant \_\_\_\_\_

List the names and contact information for three people (not related to you) familiar with your work experience and/or performance. Each may be contacted prior to considering you for employment.

Name	Relationship	Occupation	Address	Phone
<b>Date Contacted:</b>		(For Office Use Only)		
<b>Notes:</b>				
Name	Relationship	Occupation	Address	Phone
<b>Date Contacted:</b>		(For Office Use Only)		
<b>Notes:</b>				
Name	Relationship	Occupation	Address	Phone
<b>Date Contacted:</b>		(For Office Use Only)		
<b>Notes:</b>				

In evaluating my suitability for employment, I authorize the Company to inquire into my educational, professional and past employment history as needed to research my qualifications for employment. I hereby give my consent to any former employer and educational institution, to provide employment-related information about me to the Company and release from liability the Company and those parties furnishing such information with respect to the information supplied.

I understand that the Company has made no representations of any kind as to whether employment will be offered at the conclusion of this investigation.

I accept

\_\_\_\_\_  
Digital Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
In-person signature upon interview

\_\_\_\_\_  
Date



AMPRO

## Voluntary Self-identification (Confidential- For Statistical Use Only)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

### Please complete in full:

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ Sex:  Female  Male

### Race

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

- American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** (Not of Hispanic Origin) – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** (Not of Hispanic Origin) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Hispanic or Latino (All races)** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

### Veteran Status

(Please check one if it describes your veteran status.)

- Special Disabled Veteran:** means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran:** means a veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964 through May 7, 1975 who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. No veteran can be considered to be a veteran of the Vietnam era under this paragraph after December 31, 1994.
- Newly Separated Veteran:** any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran’s discharge or release from active duty.
- Other Protected Veteran:** veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

## **Did you:**

1. Digitally Sign and click “I agree”?
2. Save a copy to your computer?
3. Attach a resume along with the application if you have one?
4. Leave us a phone # and/or email address to reach you?

Email your entire application to [info@amprosports.com](mailto:info@amprosports.com) and we'll review it.

Thank you!