



P. O. Box 1224, San Ramon, CA 94583
www.asapps.com / (925) 829-2828
(800) 303-ASAP / (925) 829-5452 fax

Employment Application

ASAP is an Equal Opportunity Employer.

Date Last Name First Name Middle

Present Address

No. and Street City State Zip Code

Permanent Address (if different from above):

No. and Street City State Zip Code

Business Phone Home Phone Social Security Number

Employment Desired

Position applying for: _____

Personal Information

Have you ever applied to, or worked for ASAP in the past? Yes No
If yes, when? _____

Do you have any friends or relatives working for ASAP? Yes No
If yes, please state name(s) and relationship:

Name Relationship

Why are you applying for work at ASAP? _____

If hired, do you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years of age? (If under 18, hire is subject to verification that you are of minimum legal age). Yes No

If hired, can you present evidence of United States citizenship, or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If No, describe the functions that cannot be performed: _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and/or skill and agility tests.

Have you ever been convicted of a criminal offense, either felony or serious misdemeanor? Yes No

Convictions for marijuana related offenses that are more than two years old need not be listed.

If Yes, please state the nature of the crime(s), when and where convicted and disposition of the case: _____

Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature, date and circumstances of the offense as well as the relevance of the offense to the position desired, however, may be considered.

Education/Training

High School

Name Address No. of Years Completed Graduated? Degree or Diploma

College/University

Name Address No. of Years Completed Graduated? Degree or Diploma

Vocational/Business

Name Address No. of Years Completed Graduated? Degree or Diploma

Employment History

Beginning with your most recent employer, list all your past and present employment for the past five years. Account for all periods of unemployment. You must complete this section even if you're attaching a resume.

Name of Employer Telephone Number

Type of Business Your Supervisor's Name

Address

Dates of Employment: from _____ to _____ Weekly Pay: starting _____ ending _____

Your Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer Telephone Number

Type of Business Your Supervisor's Name

Address

Dates of Employment: from _____ to _____ Weekly Pay: starting _____ ending _____

Your Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer Telephone Number

Type of Business Your Supervisor's Name

Address

Dates of Employment: from _____ to _____ Weekly Pay: starting _____ ending _____

Your Position and Duties: _____

Reason for Leaving: _____

May we contact this employer for a reference? Yes No

References

Please list three people not related to you who have knowledge of your work performance within the last three years.

Name

Telephone

Address

Occupation

No. of Years Acquainted

Name

Telephone

Address

Occupation

No. of Years Acquainted

Name

Telephone

Address

Occupation

No. of Years Acquainted

Please read carefully, initial each paragraph and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize ASAP to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to ASAP any and all letters, reports and other information related to my work records, without prior notice of such disclosure. In addition, I hereby release ASAP, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any way related to, such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and ASAP. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or ASAP, and that no promises or representations contrary to the foregoing are binding on ASAP unless made in writing and signed by me and ASAP's designated representative.

Applicant's Signature

Date



Please MAIL completed form to: ASAP, P. O. Box 1224, San Ramon, CA 94583;
or FAX it to (925) 829-5452.