



AMERITAC, INC.

2280 Diamond Blvd., Suite 360 • Concord, CA 94520 • Office (925) 691-8360 • Fax (925) 691-1023
Web Address: www.ameritac.net

EMPLOYMENT APPLICATION

AMERITAC, INC. (AMERITAC) fully subscribes to the principles of Equal Employment Opportunity. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, gender expression, national origin, age, protected veteran or disabled status, genetic information, or any other basis prohibited by federal, state or local law.

In accordance with requirements of the Americans with Disabilities Act (ADA) and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment.

Please Answer All Questions. Resumes Are Not A Substitute For A Completed Application.

Position Applied For _____ Desired Salary/Hourly Rate _____

Name _____ E-Mail Address _____

Telephone Number () _____ Alternate () _____

Present Address _____
Street City State Zip code

Previous Address _____
Street City State Zip code

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No N/A

Type of employment desired? Full-time Part-time (Specify hours) _____

Are you willing to work overtime? Yes No Date on which you can start work if hired _____

How were you referred to AMERITAC?

Newspaper Ad: _____ (specify newspaper) Internet Posting: _____ (specify publication)

Employee Referral: _____ (name of employee) Other: _____

Have you previously applied for employment with AMERITAC? Yes No

If yes, when and where did you apply? _____

Have you ever been employed by this AMERITAC? Yes No If Yes, provides dates of employment, location, and reason for separation from employment.

Have you signed any non-competition or non-solicitation agreement with any other employer that might restrict you from working for the Company (you may be required to furnish a copy of the agreement)? Yes No

DRIVING RECORD

(Answer only if driving is a requirement of the job for which you are applying).

Do you have a valid driver's license? Yes No State: _____ License No: _____

Have you had any tickets? Yes No

If yes, please explain:



AMERITAC, INC.

EDUCATION SCHOOL LEVEL	SCHOOL NAME AND LOCATION	NO. OF YEARS ATTENDED	DID YOU GRADUATE?
High School			
College			
Degree/Major			
Trade, Business or correspondence School			
Degree/Major			
Honor(s) Received			

Please list all special technical skills that you feel qualify you for the job for which you are applying (e.g., computer programming/language, software, equipment operation, special tools or machines, etc.)

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record?

WORK EXPERIENCE: Please list the names of your present or previous employers in chronological order with present or last employer listed first. Account for **ALL** periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for future consideration from employment.

Employer Name			
Address	City	State	Zip
Starting Date	Ending Date	Position Title	
May we contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?			
Name of Supervisor	Title	Phone	
Reason For Leaving			
Employer Name			
Address	City	State	Zip
Starting Date	Ending Date	Position Title	
May we contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?			
Name of Supervisor	Title	Phone	
Reason For Leaving			



AMERITAC, INC.

Employer Name				
Address		City	State	Zip
Starting Date		Ending Date	Position Title	
May we contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?				
Name of Supervisor		Title	Phone	
Reason For Leaving				
Employer Name				
Address		City	State	Zip
Starting Date		Ending Date	Position Title	
May we contact Your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?				
Name of Supervisor		Title	Phone	
Reason For Leaving				

Please explain fully all gaps in your employment history in excess of one month.

Have you ever been terminated or asked to resign from any job? Yes No

Has your employment ever been terminated by mutual agreement? Yes No

Have you ever been given the choice to resign rather than be terminated? Yes No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

REFERENCES

Please list the names of work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

NAME	TITLE	COMPANY	WORK RELATIONSHIP (i.e., supervisor, co-worker)	TELEPHONE
			#of Years Known:	
			#of Years Known:	
			#of Years Known:	



APPLICANT CERTIFICATION

I understand that AMERITAC has a drug-free workplace or drug and/or alcohol-testing program consistent with applicable federal, state, and local law. If I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to AMERITAC’s policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with AMERITAC’s policies and applicable federal, state, and local law.

If employed by AMERITAC, I understand and agree that AMERITAC, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action up to and including immediate dismissal.

I UNDERSTAND THAT NEITHER THIS APPLICATION NOR ANY COMMUNICATION BY A MANAGEMENT REPRESENTATIVE IS INTENDED TO CREATE OR DOES CREATE A CONTRACT OF EMPLOYMENT, OFFER, OR PROMISE OF EMPLOYMENT FOR A DEFINITE TERM. I ACKNOWLEDGE THAT IF HIRED BY AMERITAC, EMPLOYMENT IS ON AN AT-WILL BASIS IN ACCORDANCE WITH STATE LAW. THIS MEANS THE AMERITAC IS FREE TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE, IN ACCORDANCE WITH STATE LAW, AND ACCEPTANCE OF EMPLOYMENT IS NOT A CONTRACT OF EMPLOYMENT FOR ANY SPECIFIED TIME. SIMILARLY, I AM FREE TO TERMINATE MY EMPLOYMENT WITH AMERITAC AT ANY TIME FOR ANY REASON. THIS AT-WILL PROVISION MAY BE MODIFIED OR WAIVED ONLY IN A WRITTEN AGREEMENT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF AMERITAC AND ME. I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF AMERITAC, AND I UNDERSTAND THAT AMERITAC HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize AMERITAC or its agents to confirm all statements contained in this application and/or resume to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to AMERITAC or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability AMERITAC and its representative for seeking such information and all other persons, corporation, or organizations furnishing such information.

If hired by AMERITAC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States. I also understand AMERITAC employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Applicant Name _____ Date _____
(Please Print)

Applicant Signature _____

-Equal Opportunity Employer/Affirmative Action-



AMERITAC, INC.

APPLICANT OR NEW HIRE EEO-1 SELF IDENTIFICATION FORM

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

AMERITAC is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, AMERITAC invites applicants and employees to voluntarily self-identify their race and ethnicity.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____ Position: _____

Location: _____ Gender Female Male

Check one in each category below:

Race and Ethnic Identification (check the appropriate box below):

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** – 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.
- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above six races.
- Decline to State**

How did you learn of this vacancy? (Please check one)

- Advertisement: specify publication _____
- Employment announcement: where posted? _____
- Employee referral by: _____
- Organization or group referral by: _____
- Telephone information job hotline _____
- Web site: _____
- Other: _____

In the event you believe there is a reasonable accommodation that will assist you in performing the essential functions of your job, please contact your manager or corporate human resources.

Signature: _____ Date: _____