



# EMPLOYMENT APPLICATION

## PERSONAL INFORMATION

NAME: (LAST)		(FIRST)			(MIDDLE)		Date
CURRENT ADDRESS: STREET		APT.	CITY	STATE	ZIP	LENGTH AT ADDRESS	
PREVIOUS ADDRESS: STREET		APT.	CITY	STATE	ZIP	LENGTH AT ADDRESS	
TELEPHONE: HOME ( )			OTHER ( )				
DRIVER'S LICENSE: STATE	NUMBER	TYPE <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		OTHER NAMES, if any, under which previous employment, education or history may be verified:			
EMERGENCY CONTACT: NAME			HOME PHONE ( )		BUSINESS PHONE ( )		
STREET		APT.	CITY	STATE	ZIP		

## EMPLOYMENT INTERESTS

POSITION DESIRED	WAGE/SALARY DESIRED	AVAILABLE TO START	REFERRED BY					
<input type="checkbox"/> FULL TIME	AVAILABLE TIMES:	SUN.	MON.	TUES	WED	THU.	FRI.	SAT.
<input type="checkbox"/> PART-TIME		AM	AM	AM	AM	AM	AM	AM
<input type="checkbox"/> TEMPORARY		PM	PM	PM	PM	PM	PM	PM
HAVE YOU EVER BEEN EMPLOYED BY ASV INVENTIONS, INC.?			<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN?			
WHY WOULD YOU LIKE TO WORK FOR ASV INVENTIONS, INC.?								

## CURRENT OR RECENT EMPLOYMENT/WORK HISTORY

A RESUME MAY BE ATTACHED BUT CANNOT BE IN PLACE OF ANY INFORMATION REQUIRED ON THIS FORM.

Please sequentially account for the past seven years, including jobs, volunteer work, schooling, unemployment, military service, etc., beginning with the most recent.

EMPLOYER NAME (PRESENT OR MOST RECENT)		DATES OF SERVICE (MO/YR) FROM:	TO:
ADDRESS		STARTING SALARY \$	ENDING SALARY \$
PHONE NUMBER		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
JOB TITLE DUTIES/RESPONSIBILITIES:		REASON FOR LEAVING OR CONSIDERING LEAVING:	
EMPLOYER NAME (PRESENT OR MOST RECENT)		DATES OF SERVICE (MO/YR) FROM:	TO:
ADDRESS		STARTING SALARY \$	ENDING SALARY \$
PHONE NUMBER		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
JOB TITLE DUTIES/RESPONSIBILITIES:		REASON FOR LEAVING OR CONSIDERING LEAVING:	
EMPLOYER NAME (PRESENT OR MOST RECENT)		DATES OF SERVICE (MO/YR) FROM:	TO:
ADDRESS		STARTING SALARY \$	ENDING SALARY \$
PHONE NUMBER		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
JOB TITLE DUTIES/RESPONSIBILITIES:		REASON FOR LEAVING OR CONSIDERING LEAVING:	

ASV Inventions, Inc., is an equal opportunity employer. ASV Inventions makes employment decisions based on qualifications only, without regard to race, religion, color, national origin, age, sex, sexual orientation, marital status, physical or mental disability, or any other basis.



# EMPLOYMENT APPLICATION

## EDUCATIONAL HISTORY

SCHOOL NAME	CITY/STATE	FIELD OF STUDY	YEARS COMPLETED
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
TRADE SCHOOL			
OTHER			

## TECHNICAL SKILLS

<input type="checkbox"/> TYPING/WPN:	<input type="checkbox"/> 10 KEY/DATA ENTRY: KEYSTROKES/HOUR:
COMPUTER SKILLS:	
SOFTWARE USED:	
OTHER JOB-RELATED SKILLS:	
CERTIFICATES:	
WAREHOUSE EQUIPMENT/SKILLS:	

## REFERENCES AND VERIFICATIONS

Please provide names of people (non-relative) who may be contacted by ASV Inventions, Inc., and who have specific knowledge of your experience. At least two professional references requested.

NAME	NAME	NAME	NAME
TELEPHONE NUMBER ( )	TELEPHONE NUMBER ( )	TELEPHONE NUMBER ( )	TELEPHONE NUMBER ( )
HOW DOES THIS PERSON KNOW YOU?	HOW DOES THIS PERSON KNOW YOU?	HOW DOES THIS PERSON KNOW YOU?	HOW DOES THIS PERSON KNOW YOU?

Have you ever been discharged from a position for not following employer policies or because of theft?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:
If hired, will you be able to furnish proof that you are legally authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever been convicted by a court of a felony or any crime involving theft, dishonesty, violence, sexual misconduct or controlled substances within the last seven years?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain:  (Criminal record is not necessarily a bar to employment)

## AUTHORIZATION Please read carefully before signing.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of ASV Inventions, Inc., has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

SIGNATURE:	DATE:
INTERVIEWED BY:	DATE:

Print and fax to 714 861 1409 or submit via email.