



25 Amflex Drive • Cranston, RI 02921
 Phone: 401-946-6100 • Fax: 401-942-8214

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. It is our policy to abide by all Federal, State, and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

PLEASE PRINT ALL REQUESTED INFORMATION. DO NOT USE "REFER TO RESUME."

PERSONAL INFORMATION

LAST NAME	FIRST	MIDDLE	DATE OF APPLICATION
STREET ADDRESS			HOME PHONE
CITY, STATE, ZIP			DAY TIME PHONE

WERE YOU PREVIOUSLY EMPLOYED BY THE ALLIED GROUP?
 YES, Date(s) _____ NO _____ If YES, Location(s) _____

HAVE YOU EVER APPLIED TO THE ALLIED GROUP?
 YES, Date(s) _____ NO _____

JOB REFERRAL SOURCE (name specific source):
 Newspaper/Internet Ad _____ Agency _____ Employee _____ Walk-in _____ Other _____

Check the following options which you would like to work
 Full-Time Part-Time Temporary

Are you willing to work overtime? YES NO
 Are you currently on "lay-off" status and subject to recall? YES NO
 Are you employed now? YES Where? _____ NO

HOURS AVAILABLE	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Position Applying for:
FROM:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	
TO:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA OR DEGREE
HIGH SCHOOL/GED					
COLLEGE OR UNIVERSITY					
TRADE SCHOOL OR OTHER					

List any other education, training, special skills, certifications, or licenses that you possess: _____

ADDITIONAL EMPLOYMENT RELATED INFORMATION

List any relatives or friends working for this company:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

EXPERIENCE - List Present and Former Employers beginning with the most recent. * Do Not Use "Refer to Resume."

Company	Type of Business	Phone No.
Address	Employed (Month and Year)	
Name and Title of Supervisor	From	To
State Job Title and Describe Your Work and Responsibilities	May We Contact?	Employed
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Reason for Leaving	Wages (hourly, salary, or base and commission)	
	Starting	Last

Company	Type of Business	Phone No.
Address	Employed (Month and Year)	
Name and Title of Supervisor	From	To
State Job Title and Describe Your Work and Responsibilities	May We Contact?	Employed
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Reason for Leaving	Wages (hourly, salary, or base and commission)	
	Starting	Last

Company	Type of Business	Phone No.
Address	Employed (Month and Year)	
Name and Title of Supervisor	From	To
State Job Title and Describe Your Work and Responsibilities	May We Contact?	Employed
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Reason for Leaving	Wages (hourly, salary, or base and commission)	
	Starting	Last

SKILLS AND QUALIFICATIONS

Have you had any other experiences or qualifications, in addition to those previously listed, which relate to the job for which you are applying? (Include any foreign language knowledge.) If so, please describe:

Computer Hardware/Software/Office Machines: _____

Production Equipment: _____

Other: _____

Can you verify your legal rights to work in the U.S. by providing appropriate documentation? (Proof of U.S. Citizenship or Immigration status is required upon employment.) YES NO

Are you able to perform the job for which you are applying? YES NO

Have you signed any non-compete agreements with any other employer that would restrict you from working with this company? YES NO

If yes, please explain: _____

Please explain any gaps in your employment history: _____

Have you ever been discharged or asked to resign? YES NO

If yes, please explain: _____

Signature _____ Date _____