



Driving Marketing & Operational Performance.

25 Amflex Drive • Cranston, RI 02921  
 Phone: 401-946-6100 • Fax: 401-946-6205

# 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? <input type="checkbox"/> YES, Date(s) _____ Location(s) _____ <input type="checkbox"/> NO			Social Security Number
HAVE YOU EVER APPLIED TO THE ALLIED GROUP? <input type="checkbox"/> YES, Date(s) _____ Location(s) _____ <input type="checkbox"/> NO			Drivers License No. (if applicable)

## JOB REFERRAL SOURCE (name specific source):

Newspaper/Internet Ad \_\_\_\_\_ Agency \_\_\_\_\_ Employee \_\_\_\_\_ Walk-in \_\_\_\_\_ Other \_\_\_\_\_

Check the following options which you would like to work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	In case of emergency	Phone
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Are you willing to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you employed now? <input type="checkbox"/> YES Where? _____ <input type="checkbox"/> NO	Date available to work
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HOURS AVAILABLE	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	Position Applying for:	Salary Desired:
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	Facility location at which employment is desired:	
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: \_\_\_\_\_

## REFERENCES - List three (3) business persons known, not related to you and other than those previously listed, who can speak to your previous and/or present job performance, knowledge, skills and/or abilities.

NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN

## 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."**

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

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

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

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

**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 been convicted of a crime in the past 7 years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?     YES     NO  
 A conviction will not necessarily disqualify you from the position for which you have applied.  
 If "yes", please describe: \_\_\_\_\_

Have you signed any non-complete 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 \_\_\_\_\_



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### APPLICANT'S REFERENCE AUTHORIZATION AND CERTIFICATION

*This is to inform you that as part of our procedure for processing your employment application, **The Allied Group** will investigate your previous employment, educational credentials, and/or other employment-related activities such as driving record, etc. **The Allied Group** may use an independent consumer/investigation-reporting agency.*

I hereby authorize all prior employers, educational institutions, the Social Security Administration, law enforcement, investigative and other government agencies to give **The Allied Group** any and all information concerning previous employment as well as any relevant information and opinions which may be useful in making a hiring decision, including, but not limited to, any courthouse, any public agency, and any and all law enforcement agencies, regardless of whether such person, business entity or government agency compiled the information itself or received it from other sources. This information may include information as to your character, driving record (including traffic citations), a social security number verification, present and former addresses, criminal (felony) record, educational verification, general reputation, and/or personal characteristics. By signing this document you agree to the investigation and agree to cooperate in such investigations and release any and all persons, companies, government agencies, or others from any and all liability from furnishing information and opinions (whatever is truthful or made in good faith) to the company.

**I understand that any omission, false or inaccurate statements on my resume, application, during interviews, or on any document completed during the interview/employment process will result in my removal from further consideration for employment, or, if employed when discovered, may result in dismissal regardless of the time elapsed before discovery, I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that if any allegations of workplace misconduct are made against me during my employment the Company will investigate those allegations. I give my permission to the Company to conduct those investigations and I agree to cooperate in all such investigations.**

I certify that answers given herein are true and complete to the best of my knowledge. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with **The Allied Group** is an "AT-WILL" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "AT-WILL" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of **The Allied Group**.

***You may be asked to take a drug test as part of your pre-employment physical.  
Successful completion of this test is required before you begin work.***

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Social Security\* #: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Please list other names you have used: \_\_\_\_\_ Dates Used: \_\_\_\_\_

**Current** Address: \_\_\_\_\_ How long?: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Former** Address: \_\_\_\_\_ How long?: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Former** Address: \_\_\_\_\_ How long?: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\* Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

Signature \_\_\_\_\_ Date \_\_\_\_\_