



Application for Employment

It is the policy of Albertson Consulting, Inc., to comply with all applicable state and federal laws prohibiting discrimination in employment on race, age, color, sex, religion, national origin, or other protected classification.

Personal Data

Please print all information and complete all sections of this application.
Read the statement on the back page and sign your name.

Date of Application _____

First Name	Last Name	Middle Initial	Social Security Number
Address (Street, City, State, Zip Code)		Telephone Number	
Permanent Address (if different from above)		Date Available to Work	

Are you a U.S. Citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes No

What source referred you to Albertson Consulting, Inc.?

- | | |
|--|--|
| <input type="checkbox"/> Advertisement (Specify) _____ | <input type="checkbox"/> Albertson Consulting Employee |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Self Initiated |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> College Placement |
| <input type="checkbox"/> Job/Career Fair (Specify) _____ | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> School Counselor | |

Have you ever been employed by Albertson Consulting, Inc.? Yes No
If yes, please provide position and dates of employment. _____

Have you ever applied for employment with Albertson Consulting, Inc.? Yes No
If yes, please provide position and approximate date of application. _____

Current Position Desired	Hours Available	Full-time or Part-time	Desired Salary
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Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No
(Conviction will not necessarily disqualify an applicant for employment.) If yes, describe conditions:

Employment History

Please indicate all permanent, cooperative, summer, voluntary work and previous ACI employment. List your most recent job first. (Attach separate sheet if necessary.)

Name and Complete Address of Employer	Type of Work Performed and Name of Supervisor	Hours Worked	Dates From/To (Month & Year)	Reason for Leaving	Last Salary

Additional Information

Education

Name of Secondary Institution	Location	Course(s) Studied	Certificate/ Degree
Name of Post-Secondary Institution	Location	Course(s) Studied	Certificate/ Degree
Other	Location	Course(s) Studied	Certificate/ Degree

Special Skills

Please list any special skills you possess which you feel would qualify you for the position for which you are applying.

I certify that the above statements are true and correct to the best of my ability. I understand that misrepresentation or admission of facts is cause for dismissal. I understand that an investigative report may be made whereby information is obtained from third parties. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, etc., and release of school and or college transcripts. You have the right to make a written request within a reasonable period of time for a complete disclosure of additional information concerning the nature and scope of the investigation.

Signature _____