

AMERICAN MODULAR SYSTEMS

Employment Application



American Modular Systems is an equal opportunity employer and selects the best individual for the job based upon job related qualifications, regardless of race, color, religion, sexual orientation, national origin, gender, age, veteran status, ancestry, marital status, or disability. **AMS** will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability, unless the accommodation will impose an undue hardship on the operation of our business.

APPLICANT INFORMATION							
Informacion Del Apicante							
Last Name (Apellido)		First (Nombre)		M.I. (Inicial)	Date (Fecha)		
Street Address (Direccion)				Apartment/Unit # (Numero de Apartamento)			
City (Ciudad)		State (Estado)		Zip Code (Zona Postal)			
Phone (Telefono)			E-mail Address (Correo Electronico)				
Date Available (Fecha Disponible)		Position Applied For (Posicion)				Desired Salary (Sueldo Desado)	
Are you a citizen of the United States? (Eres ciudadano de los Estados Unidos?)	YES (Si) <input type="checkbox"/>	NO (No) <input type="checkbox"/>	If no, are you authorized to work in the U.S.? (Si no, esta autorizado para trabajar en el U.S.?)		YES (Si) <input type="checkbox"/>	NO (No) <input type="checkbox"/>	
Have you ever worked for AMS? (Ha trabajado para AMS?)	YES (Si) <input type="checkbox"/>	NO (No) <input type="checkbox"/>	If yes, when? (Si es asi, cuando?)				
Do any of your relatives work for AMS? (Tiene parientes trabajando por AMS?)	YES (Si) <input type="checkbox"/>	NO (No) <input type="checkbox"/>	If yes, who? (Si es asi, quien?)				
PREVIOUS EMPLOYMENT							
Empleo Anterior							
Company (Compania)				Phone Number (Telefono)			
Address (Direccion)				Job Title (Titulo Profesional)			
Responsibilities (Responsabilidades)							
From (Desde)	To (Hasta)	Reason for Leaving (Razon Por Irse)					
May we contact your previous supervisor for a reference? (Podemos contactar a su supervisor anterior para una referencia?)				YES (Si) <input type="checkbox"/>	NO (No) <input type="checkbox"/>		
Company (Compania)				Phone Number (Telefono)			
Address (Direccion)				Job Title (Titulo Profesional)			
Responsibilities (Responsabilidades)							
From (Desde)	To (Hasta)	Reason for Leaving (Razon Por Irse)					
May we contact your previous supervisor for a reference? (Podemos contactar a su supervisor anterior para una referencia?)				YES (Si) <input type="checkbox"/>	NO (No) <input type="checkbox"/>		
ADDITIONAL SKILLS							
Habilidades Adicionales							
What languages do you speak, read, write fluently? (Que idiomas puede hablar, leer, o escribir con facilidad?)							
Are you skilled in using basic office computer programs (such as Word/Excel)? (Puedes usar programas básicos de computadora de oficina (Como Word/Excel)?)							
Please provide any additional skills, training, or experience: (Tienes habilidades especiales, entrenamiento, o experiencia adicional?)							

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PLEASE COMPLETE THIS SECTION IF POSITION REQUIRES DRIVING

Por Favor Complete Esta Seccion Si La Posicion Requiere Conducir

Do you have a Driver's License? (Tiene Licencia de Conducir?)	YES (Si) <input type="checkbox"/> NO (No) <input type="checkbox"/>	License Number (Numero De Licencia)	State Issue (Estado)	Expiration Date (Fecha De Caducidad)
Have you had any accidents? (Tenido Algun Accidente?)	YES (Si) <input type="checkbox"/> NO (No) <input type="checkbox"/>	If yes, how many in the last 3 years? (Si Es Asi, Cuantos en Los Ultimos 3 Años?)		
Have you had any moving violations? (Tenido Alguna Infraccion?)	YES (Si) <input type="checkbox"/> NO (No) <input type="checkbox"/>	If yes, how many in the last 3 years? (Si Es Asi, Cuantos en Los Ultimos 3 Años?)		

EDUCATION
Educacion

High School (Secundaria)	Address (Direccion)			
From (De)	To (Hasta)	Did you graduate? (Graduaste?)	YES (Si) <input type="checkbox"/> NO (No) <input type="checkbox"/>	Degree (Diploma)
College (Universidad)	Address (Direccion)			
From (De)	To (Hasta)	Did you graduate? (Graduaste?)	YES (Si) <input type="checkbox"/> NO (No) <input type="checkbox"/>	Degree (Diploma)
Other (Otro)	Address (Direccion)			
From (De)	To (Hasta)	Did you graduate? (Graduaste?)	YES (Si) <input type="checkbox"/> NO (No) <input type="checkbox"/>	Degree (Diploma)

MILITARY EXPERIENCE
Experiencia Militar

Have you been in the armed forces? (Has estado en las fuerzas armadas?)	YES (Si) <input type="checkbox"/>	NO (No) <input type="checkbox"/>
Are you a member of the National Guard? (Eres miembro de la Guardia Nacional?)	YES (Si) <input type="checkbox"/>	NO (No) <input type="checkbox"/>
Military specialty/experience that applies to position applying for: (Especialidad/Experiencia militar que se aplica al posicion?)		

PLEASE READ CAREFULLY
Por Favor Lea Cuidadosamente

In exchange for the consideration of my job application by American Modular Systems, Inc. (Hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and the company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

Signature (Firma): _____ Print Name (Nombre): _____ Date (Fecha): _____

