

AM Management, Inc.

Phone: (319) 354-1961

Fax: (319) 351-0070

2871 Heinz Rd. Suite B

Iowa City IA 52240

APPLICATION FOR EMPLOYMENT

Date: _____

Please make sure this application is completed in its entirety. Information you fail to provide may disqualify you from further consideration. If a question does not apply to you, please indicate this with an "N/A", which means "Not Applicable". Thank You.

1. Name: _____

2. Address: _____

3. Telephone Number: (Home) _____ (Work) _____

4. Social Security Number: _____ Drivers Lic. No.: _____

5. How did you learn of our organization: _____

6. Are you eligible to work in the United States? _____ Yes _____ No

7. Work Desired:

Position(s) for which you are applying:

_____ Shift: _____ Date Available: _____

8. Qualifications: Describe your skills and qualifications: _____

9. Education: List any schools, colleges, or universities you have attended below: School Attend Dates Graduate? Major

10. Have you ever been convicted of a crime other than a simple misdemeanor or minor traffic violation? Yes _____ No _____

If Yes, please explain: _____

11. Are there any reasons why you would not be able to perform the duties of the position to which you are applying, with or without reasonable accommodations?

Yes _____ No _____

If Yes, please describe: _____

12. Employment History. List your last three employers below, starting with your most current place of employment.

A. Employer Name: _____
Address: _____
Phone No.: _____ Supervisor's Name: _____ d) Dates of employment: _____ e) Describe your duties: _____

Reason for Leaving: _____

B. Employer Name: _____
Address: _____
Phone No.: _____ Supervisor's Name: _____ d) Dates of employment: _____ e) Describe your duties: _____

Reason for Leaving: _____

C. Employer Name: _____
Address: _____
Phone No.: _____ Supervisor's Name: _____ d) Dates of employment: _____ e) Describe your duties: _____

Reason for Leaving: _____

Please provide any additional information in support of your application you wish to bring to our attention: _____

I verify that the information contained in this Application for Employment is true, and that AM Management, Inc. may seek references from my current and former employers, as indicated by the attached authorization. I understand that I may be requested to submit to a drug screening and/or physical by AM Management, Inc. and that any offer of employment is contingent upon my successful passing of the drug screening and/or physical. I further agree that, if hired, either AM Management, Inc. or I may terminate the relationship at will, with or without notice, and for any reason.

AM Management, Inc. is an equal opportunity employer. This application for employment will remain on file for sixty days. A new application must be completed if the applicant wishes to be considered further for employment after that time.

Signature Date