

# AL-MARAH ARABIANS APPRENTICE PROGRAM APPLICATION

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work? ? Yes      ? No

Have you ever filed an application with us before? ? Yes      ? No  
If Yes, give date

Have you ever been employed with us before? ? Yes      ? No  
If Yes, give date

Are you currently employed? ? Yes      ? No

May we contact your present employer? ? Yes      ? No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ? Yes      ? No  
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Are you available to work:    ? Full Time    ? Part Time    ? Shift Work    ? Temporary

Are you currently on "lay-off" status and subject to recall? ? Yes      ? No

Can you travel if a job requires it? ? Yes      ? No

Have you been convicted of a felony within the past 7 years? ? Yes      ? No  
Conviction will not necessarily disqualify an applicant from employment

## Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name & Location				
Years completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Teacher/person, name and address, who had the most influence in your life (Please give a short explanation)				

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

*If additional space is needed, please continue on a separate sheet of paper.*

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

ON A SEPARATE SHEET OF PAPER, AND IN YOUR OWN HANDWRITING, WRITE A BRIEF PARAGRAPH ON WHY YOU WANT TO BE A PART OF THIS PROGRAM.