



APPLICATION FOR EMPLOYMENT

American Tissue Services Foundation is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip

Phone Number () _____ Social Security Number _____

Position Sought _____ Full Time Part Time

Date Available _____ Salary Desired _____

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No
(If offered employment you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School Number of Years Completed? (circle one) 1 2 3 4

Diploma Yes No GED Yes No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed? (circle one) 1 2 3 4

School(s) _____ City/State: _____

Major _____ Degrees Earned _____

Other Training or Degrees

School(s) _____ City/State: _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

EMPLOYMENT:

May we contact your present employer? _____ Yes _____ No
If any of your employment was under a different name, please indicate name _____

Employer _____

Address _____

Telephone () _____ Position _____

Dates of Employment From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT PT

Reason for Leaving _____

Employer _____

Address _____

Telephone () _____ Position _____

Dates of Employment From _____ To _____
Mo/Yr Mo/Yr

Salary _____

Supervisor _____ Department _____

Duties _____ FT PT

Reason for Leaving _____

Employer _____

Address _____

Telephone () _____ Position _____

Dates of Employment From _____ To _____
Mo/Yr Mo/Yr

Salary _____

Supervisor _____ Department _____

Duties _____ FT PT

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Please explain any gaps in work history _____

Have you ever been discharged or asked to resign from a job? Yes No

If yes, explain _____

Have you ever been employed by ATSF in the past? Yes No

RECORD OF CONVICTION:

During the past ten years, have you ever been convicted of a crime other than a minor traffic offense?

Yes No

If yes, please explain _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

REFERENCES:

Name _____

Name _____

Address _____

Address _____

Phone () _____

Phone () _____

Name _____

Name _____

Address _____

Address _____

Phone () _____

Phone () _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I hereby authorize American Tissue Services Foundation (ATSF) to verify the accuracy and to obtain reference information on my work performance. I hereby release ATSF from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of ATSF. I further understand that neither the policies, rules and regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or ATSF may terminate my employment at any time with or without notice or cause.

SIGNATURE OF APPLICANT:

Signature _____

Date _____