



APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION:		POSITION DESIRED:		DATE AVAILABLE FOR WORK:	
LEGAL NAME	LAST NAME:	FIRST:	MI:	SOCIAL SECURITY#:	
STREET ADDRESS:			CITY:	STATE:	ZIP:
PREFERRED METHOD OF CONTACT	<input type="checkbox"/>	PHONE NUMBER:	<input type="checkbox"/>	EMAIL:	
ARE YOU EMPLOYED NOW?			IF SO MAY WE CONTACT YOUR PRESENT EMPLOYER?		
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>	NO
HAVE YOU EVER WORKED FOR ASTRA?			<input type="checkbox"/>	YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>	NO
IF YES, GIVE DATES AND REASON FOR LEAVING:					
WHO REFERRED YOU TO THIS COMPANY?					
<input type="checkbox"/>	NEWSPAPER	<input type="checkbox"/>	FRIEND	<input type="checkbox"/>	INTERNET
<input type="checkbox"/>	WALK-IN	<input type="checkbox"/>	OTHER		
ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE U.S?				<input type="checkbox"/>	YES
				<input type="checkbox"/>	NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY IN THE LAST 5 YEARS?				<input type="checkbox"/>	YES
				<input type="checkbox"/>	NO
IF YES, EXPLAIN:					

EDUCATIONAL BACKGROUND (IF RESUME IS NOT ATTACHED)

NAME AND LOCATION	COURSE OF STUDY	NO. YEARS ATTENDED	DID YOU GRADUATE?	
HIGH SCHOOL:			<input type="checkbox"/>	YES
			<input type="checkbox"/>	NO
COLLEGE(S):			<input type="checkbox"/>	YES
			<input type="checkbox"/>	NO
CERTIFICATIONS:			<input type="checkbox"/>	YES
			<input type="checkbox"/>	NO

REFERENCES

PLEASE LIST THREE INDIVIDUALS WHO ARE NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	RELATIONSHIP	TELEPHONE	EMAIL

NAME AND ADDRESS OF PRESENT OR LAST EMPLOYER

ADDRESS		CITY	STATE	ZIP
DATE STARTED	DATE LEFT		JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE/EMAIL	
MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASOI FOR LEAVING
DESCRIPTION OF WORK				

NAME AND ADDRESS OF EMPLOYER

ADDRESS		CITY	STATE	ZIP
DATE STARTED	DATE LEFT		JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE/EMAIL	
MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASOI FOR LEAVING
DESCRIPTION OF WORK				

NAME AND ADDRESS OF EMPLOYER

ADDRESS		CITY	STATE	ZIP
DATE STARTED	DATE LEFT		JOB TITLE	
NAME OF SUPERVISOR		TITLE	PHONE/EMAIL	
MAY WE CONTACT YOUR SUPERVISOR?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	REASOI FOR LEAVING
DESCRIPTION OF WORK				

APPLICATION ACKNOWLEDGMENT AND AUTHORIZATION

I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any facts or circumstances that might, if disclosed, affect my application unfavorably. I understand that if Astra discovers information I have misrepresented or withheld from this application that my employment is subject to termination. I understand that consideration for employment is conditioned upon the results of a background, credit check, drug test, and a reference check and hereby authorize Astra. to investigate all statements made by me on this application, to contact former employers, references and other persons having personal knowledge about me.

Nothing on this application is intended to create or imply a contractual relationship. I understand that any future employment is "at will," is not for any guaranteed length of time, and that both the firm and I have the freedom to terminate the employment relationship for any reason whenever either chooses to do so.

I hereby acknowledge that I have read the foregoing and understand the same.

Name _____

Date _____