



# Application for Employment

**Equal Opportunity / AA / Disabled / Veterans Employer**

American & Efird LLC (A&E) is an affirmative action employer committed to offering equal employment opportunities to all qualified individuals, without regard to unlawful consideration to race, color, sex, sexual orientation, gender identity, age, religion, national origin, disability, veteran status, or any other status protected by applicable law.

To be considered, you must apply for a specific position for which A&E has a current posted job opening. For information about available positions, please see our Careers page at [www.amefird.com](http://www.amefird.com). If you would like to be considered for additional or future job openings, we encourage you to reapply for other opportunities as they become available.

Should you need assistance or reasonable accommodations in connection with the application and/or interview process, please contact Human Resources at (704) 951-2430 or at [human.resources@amefird.com](mailto:human.resources@amefird.com).

**How did you hear about A&E?** TV Radio Newspaper Friend E.S.C. Office Sign \_\_\_\_\_ Other

**Please Print All Information Except Signature**

Because American & Efird LLC strives to be a drug-free place to work, the Company has instituted a comprehensive substance abuse policy. I understand that A&E may require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law.

Failure to follow application instructions or supplying any non-requested information may result in your application being rejected. Original applications must be submitted in person.

Date Application Submitted: \_\_\_\_\_ Updated : \_\_\_\_\_  
*For Office Use Only*

**NAME AS IT APPEARS ON YOUR SOCIAL SECURITY OR I.D. CARD**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

List Phone Numbers Where You Can Be Reached: 1) \_\_\_\_\_ 2) \_\_\_\_\_

If you are under age 18, please list age: \_\_\_\_\_ Date you can begin work? \_\_\_\_\_

Specific position(s) for Which I am Applying ("Any" is unacceptable)	Pay Range I will Consider For This Position	What Shift Are You Available To Work (First, Second, or Third)
1)		
2)		
3)		

**Besides This Location, Are There Other Locations At Which You Would Consider Working?**

No Yes If Yes, Please List Your Preference: \_\_\_\_\_

**False Or Misleading Information Or Significant Omission May Disqualify Applicant From Further Consideration Of Employment With The Company, And/Or May Be Grounds For Immediate Dismissal If Discovered At A Later Date.**

**Please Print All Information Except Signature**

**CRIMINAL CONVICTIONS**

Criminal background checks are conducted on all candidates who receive a conditional offer of employment. A criminal conviction is not an automatic bar to employment at A&E. We look at the total picture and consider several relevant factors, such as the date of the offense, the nature and gravity of the offense, time that has passed since the offense, the completion of a sentence and any restitution, the nature of the position sought, and a candidate's history since the offense. We will not consider minor traffic violations unless you are applying for a driver position.

**Note: A conviction includes a plea of guilty, no contest or nolo contendere. Routine traffic violations (e.g., speeding, failure to yield) should not be listed unless applying for a driver position. However, DWI/DUI convictions are not "routine" and should be listed.**

Have you ever been convicted of a criminal offense, including misdemeanors and felonies? No Yes  
If "Yes", please provide the nature of the offense, when, where, and final disposition. Attach another page if necessary.

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**FAMILY/RELATIVE EMPLOYMENT HISTORY**

Do you currently have any relatives working for American & Efird LLC? No Yes  
If yes, please list their name, present job title, and work location.

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**SKILLS AND QUALIFICATIONS**

What qualifications, skills, experience, or interests would you bring to American & Efird LLC \_\_\_\_\_

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Are you authorized to work in the US without restriction for an indefinite period of time? No Yes

Will you now or in the future require sponsorship for employment visa status? No Yes

**APPLICATION AND REFERENCE DATA**

Did you complete this application yourself? No Yes

If not, please list the name of the person who did. \_\_\_\_\_

Have you ever been known by another name? No Yes

**EDUCATION HISTORY**

Type of School	Name of School	Mailing Address	Last Grade Completed	Major / Degree
Sr. High School				
College				
Other				

**PERSONAL EMPLOYMENT HISTORY**

Has American & Efird LLC ever employed you (even for one day) at any of its locations? No Yes  
If yes, please list when, where, your last position, and supervisor's name.

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**List All Employment Information For The Past Ten (10) Years Starting With Your Current Or Most Recent Employer. Include Military Service And All Periods Of Unemployment. For dates of employment, list both the month and year.**

***IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH SEPARATE SHEET OF PAPER.***

Company: \_\_\_\_\_  Full-time  Part-time

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last/Current Position Held: \_\_\_\_\_

Last/Current Supervisor Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Date Employed (From \_\_\_\_\_ to \_\_\_\_\_) Rate of Pay: Start \_\_\_\_\_ End \_\_\_\_\_

Job Duties: \_\_\_\_\_

Please Explain Why You Left. \_\_\_\_\_

Company: \_\_\_\_\_  Full-time  Part-time

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last/Current Position Held: \_\_\_\_\_

Last/Current Supervisor Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Date Employed (From \_\_\_\_\_ to \_\_\_\_\_) Rate of Pay: Start \_\_\_\_\_ End \_\_\_\_\_

Job Duties: \_\_\_\_\_

Please Explain Why You Left. \_\_\_\_\_

Company: \_\_\_\_\_  Full-time  Part-time

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last/Current Position Held: \_\_\_\_\_

Last/Current Supervisor Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Date Employed (From \_\_\_\_\_ to \_\_\_\_\_) Rate of Pay: Start \_\_\_\_\_ End \_\_\_\_\_

Job Duties: \_\_\_\_\_

Please Explain Why You Left. \_\_\_\_\_

Company: \_\_\_\_\_  Full-time  Part-time

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last/Current Position Held: \_\_\_\_\_

Last/Current Supervisor Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Date Employed (From \_\_\_\_\_ to \_\_\_\_\_) Rate of Pay: Start \_\_\_\_\_ End \_\_\_\_\_

Job Duties: \_\_\_\_\_

Please Explain Why You Left. \_\_\_\_\_

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**Please Print All Information Except Signature**

**IMPORTANT INFORMATION CONCERNING YOUR APPLICATION AND/OR EMPLOYMENT. PLEASE READ CAREFULLY!**

I have read and understand each of the paragraphs appearing on this page and certify that this application was completed by me, and that all entries and information placed on it are true and complete. I understand that any false, incomplete, or deceptive response made by me on this application or other required document may be grounds for denial of employment or discharge. By my signature below, I state that the information provided in this employment application and any accompanying documentation is true and complete.

If I am offered employment, I am willing to take a pre-employment physical, other fitness for duty examinations when required, and also authorize any physician, person, hospital, former employer, or other institution that has or may hereafter provide treatment to me to furnish to American & Efird LLC, information concerning my health or physical condition, and any treatment rendered. I expressly waive all provisions of law prohibiting the release of this information.

I agree to execute a confidentiality agreement where necessary to protect company confidential information.

***I authorize my former employer(s) to provide any and all information related to my work history and in consideration for the cooperation of my former employer(s) in this matter, I release my former employer(s) from any liability arising therefrom.***

American & Efird LLC does not discriminate in employment opportunities on the basis of any characteristic protected by law. Applicants are requested not to provide such information on this application to ensure that all applications are considered fairly. Any application that contains non-requested information will be rejected. Faxed or emailed applications are accepted but original applications must be submitted as well, and any application that is photocopied will be automatically rejected.

**I FURTHER UNDERTAND THAT MY EMPLOYMENT WITH THE COMPANY SHALL BE PROBATIONARY FOR A PERIOD OF NINETY (90) DAYS, AND THAT AT ANY TIME DURING THIS PROBATIONARY PERIOD AND THEREAFTER, MY EMPLOYMENT WITH AMERICAN & EFIRD LLC IS AT-WILL AND MAY BE TERMINATED AT ANY TIME, FOR ANY REASON, BY EITHER THE EMPLOYEE OR THE COMPANY.**

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for, 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 any customary practice, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of A&E LLC, or otherwise to change 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 of the company. Both the undersigned and A&E LLC, may end the employment relationship at any time, without specified notice or reason, and without liability by A&E to the undersigned except for earned wages or salary.

By signing this application, I agree that American & Efird LLC may use photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. If completing application electronically, typing your name is the same as signing.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**False Or Misleading Information Or Significant Omission May Disqualify Applicant From Further Consideration Of Employment With The Company, And/Or May Be Grounds For Immediate Dismissal If Discovered At A Later Date.**



## APPLICANT DATA SURVEY

American & Efirm LLC (A&E) is a Federal contractor or subcontractor. We are required by Federal law to reach out to, recruit, and provide equal opportunity to minorities, women, qualified people who have disabilities, and Protected Veterans. Further, the Federal Government requires contractors and subcontractors to invite job applicants, new hires, and employees to tell us their gender, ethnicity and race as well as whether they have, or have previously had, a disability or are a Protected Veteran. We will use this information to measure the effectiveness of our outreach, recruitment, and other employment practices.

Your submission of information is voluntary. Information you provide will be kept confidential in accordance with Federal law, and will not affect our consideration of your job application or subject you to negative treatment of any kind.

A&E complies with the Americans With Disabilities Act (ADA). As such, please know that the disability-related information you supply as part of this form will not be available to your future manager or to Human Resources generally. If you are later hired and require a potential workplace accommodation due to a medical condition, you should notify the Human Resources representative for your location. Completing this form will not provide that notice and is not a mechanism for requesting a potential reasonable accommodation – to the application process or as an employee.

Thank you for your assistance.

### **Voluntary Self-Identification of Race, Ethnicity and Gender**

Please check the applicable categories:

**Gender:**

MALE      FEMALE      I DON'T WISH TO ANSWER

**Ethnicity:**

Are you Hispanic or Latino?

YES      NO      I DON'T WISH TO ANSWER

**Race:**

If you answered "No" to the above question regarding Ethnicity, please select one of the following:

AMERICAN INDIAN/ALASKAN NATIVE  
WHITE  
ASIAN  
I DON'T WISH TO ANSWER

BLACK OR AFRICAN AMERICAN  
NATIVE HAWAIIAN / PACIFIC ISLANDER  
TWO OR MORE RACES

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Covered Veteran Status

American & Efird LLC is a government contractor or subcontractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires us to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

### How do I know if I am a Protected Veteran?

- 1) A "disabled veteran" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or** a person who was discharged or released from active duty because of a service-connected disability.
- 2) A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- 3) An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- 4) An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

As a Government contractor or subcontractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category.

Please indicate whether you belong to any of the four (4) categories of Protected Veterans listed above:

YES, I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED  
VETERAN LISTED ABOVE

NO, I AM NOT A PROTECTED VETERAN

I DON'T WISH TO ANSWER

As a Federal contractor or subcontractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Protected Veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. Further, the information you submit will be kept confidential in accordance with Federal law.

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>i</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)

NO, I DON'T HAVE A DISABILITY

I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.