



Application for Employment

FIRST NAME: _____

LAST NAME: _____

DATE OF APPLICATION: _____

An Equal Opportunity Employer

A2A Integrated Logistics Inc., is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.



Equal Employment Opportunity Policy

It is the Policy of A2A Integrated Logistics, that employment shall be based on merit, qualifications, and competence and that employment decisions shall be made without any regard to any basis prohibited by federal, state, or local law, including an applicant's or employee's race, color, age, sex, religious creed, marital status, sexual orientation, citizenship, national origin, disability, or veteran status, except where certain characteristics are essential bona fide occupational requirements or where a disability is a bona fide occupational disqualification. The Company also forbids harassment of any employee on any basis prohibited by federal, state, or local laws.

1. PERSONAL INFORMATION

Last Name, _____ First Name, _____ Middle Initial _____ Social Security Number _____

Present Address (Street, _____ City, _____ State, _____ Zip) _____
(_____) _____ (_____) _____

Home Phone _____ Message or other phone number _____

2(a). SKILLS -- MARKETING & COMMUNICATIONS

Check appropriate skills:

____ Group Presentations _____ Videotape Presentations _____ Audio/Visual Production
____ Government Bids & Proposals _____ Financial/Tax Illustration _____ Direct Mail Marketing
____ Public Speaking/Lectures/Seminars _____ Telemarketing _____ Financial Planning Presentations

2(b). SKILLS -- ADMINISTRATIVE OR CLERICAL POSITIONS

Check appropriate skills:

____ Typing _____ wpm _____ Word Processing Applications _____
____ Shorthand _____ wpm _____ Spreadsheet Applications _____
____ Ten-key _____ Database Applications _____
____ Dictaphone _____ Other _____

3. EDUCATION

High School Last Attended	Location	Major Subject	Did you graduate? <input type="checkbox"/> or Did you complete a GED? <input type="checkbox"/>		
School, Name, Location	Major Subject	Type of Degree Earned	Circle Last Year Completed	Dates Attended From/To	
College or University			1 2 3 4		
College or University			1 2 3 4		
Graduate or Professional			1 2 3 4		
U.S. Military Service Schools			1 2 3 4		
U.S. Military Service Schools			1 2 3 4		
Vocational or Technical School			1 2 3 4		

Other recent related training:

SUBJECT	SCHOOL NAME	DATES

4.

SECURITY CLEARANCE

What type of security clearance do you currently hold or have you held?

Military Clearance: Yes☐ No☐

Level of Clearance: _____ Active Date: _____ Inactive Date: _____

Contractor Clearance: Yes☐ No☐

Level of Clearance: _____ Active Date: _____ Inactive Date: _____



5.

EMPLOYMENT RECORD

Begin with most recent - include military employment history

Employed by	INCOME		Reason For Leaving
	Starting	Ending	
Company address (city, state, zip)			
Immediate supervisor	DATES (mo./yr.)		
Phone	From	To	
List job title and briefly explain duties:			

Employed by	INCOME		Reason For Leaving
	Starting	Ending	
Company address (city, state, zip)			
Immediate supervisor	DATES (mo./yr.)		
Phone	From	To	
List job title and briefly explain duties:			

Employed by	INCOME Starting Ending		Reason For Leaving
Company address (city, state, zip)			
Immediate supervisor Phone	DATES (mo./yr.) From To		
List job title and briefly explain duties:			

Employed by	INCOME Starting Ending		Reason For Leaving
Company address (city, state, zip)			
Immediate supervisor Phone	DATES (mo./yr.) From To		
List job title and briefly explain duties:			



Employed by	INCOME Starting Ending		Reason For Leaving
Company address (city, state, zip)			
Immediate supervisor Phone	DATES (mo./yr.) From To		
List job title and briefly explain duties:			

When are you available to start work? _____
 May we contact your current employer now ? _____yes _____no
 What is your minimum income requirement? _____
 What is your income objective over the next 12 months? _____

6. PERSONAL HISTORY

Are you legally entitled to work in the United States? No _____ Yes _____
 Proof of eligibility will be required before you can be employed.

Name of relatives in our employment and relationship _____

7. VERIFICATION

By signing below, I give my assurance that the previous statements are true to the best of my knowledge.

I understand that any misleading, false, or incorrect statements or omissions that I have made render my application void, and if employed, may result in the immediate termination of my employment, regardless of when discovered.

_____ _____ _____
 Print Name Signature Date

FOR CORPORATE OFFICE USE

Department/Office	Employee Number	Start Date	Salary
Job Title	Reports To:	Special Salary Arrangements	
Class	Replacing	Interviewer:	

