

00Last name First MI			For Personnel use only		Date of application			
Street address				Type(s) of work desired				
City		State		ZIP		Home phone	Cell phone	
How were you referred to API ? (Circle only one.)	A Advertisement	B Walk In	C School	D By an employee	If so, give name:	E Desire 1 st Shift	F Desire 2 nd Shift	G No Shift Preference

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business		Type or classification of job	
Street address			Phone number		Brief description of job duties
City		State	ZIP code		
Supervisor's name			Phone number		
Base salary	Dates worked	From	To		
Reason for leaving					
Last or present company		Type of business		Type or classification of job	
Street address			Phone number		Brief description of job duties
City		State	ZIP code		
Supervisor's name			Phone number		
Base salary	Dates worked	From	To		
Reason for leaving					

Educational History

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Special Skills*To be completed by applicant for office/clerical work**To be completed by applicant for shop/plant work*

Typing	Yes No	Words per minute:	Type of machines operated	Years experience
Dictation	Yes No	Words per minute:		
Computer skills	Hardware Software			
Please list other skills and/or equipment/language experience you have acquired			List other shop/production skills	
			Served apprenticeship	Yes No
			Type:	

Military Record

Branch of service _____ From _____ To _____

Present military affiliation: _____

None Reserve (active) Reserve (inactive)
Kinds of training and duty while in service _____

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Occupation

May we contact your present employer? Yes
 No

Wage or salary required _____

Date available _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date

Signature

If any of your educational or employment records are under other than the above name, please provide other names.