

Allsup

Application for Employment

Anyone requiring accommodation during the application process should direct a request to the Human Resources department.

Allsup, Inc. IS AN EQUAL OPPORTUNITY EMPLOYER. Applicants are considered for all positions without regard to race, color, ancestry, national origin, sex, religion, gender (including pregnancy), gender identity, genetics, sexual orientation, age, marital status, military or veteran status, handicap, disability, or any other legally protected status.

BE SURE YOU READ ALL INSTRUCTIONS CAREFULLY AND COMPLETE ALL SECTIONS OF THIS APPLICATION, THOROUGHLY AND ACCURATELY. YOU MAY NOT INDICATE, "SEE RESUME." PLEASE BE AWARE THAT ALL INFORMATION (e.g. DEGREE RECEIVED, PREVIOUS EMPLOYMENT, ETC.) IS SUBJECT TO VERIFICATION.

Personal Data

Last Name	First Name	Middle Initial	Other Names Used (maiden, aliases, and nicknames)		
Mailing/Street Address			City	State	Zip Code
Yrs./Mos. at Residence	Day Telephone No. (Area Code/Number)		Email Address		
Permanent Street Address			City	State	Zip Code
Yrs./Mos. at Residence	Evening Telephone No. (Area Code/Number)				

Previous Addresses: Please include previous **TEMPORARY** and **PERMANENT** addresses for the last ten years.

Street Address	City	State	From (Date):	To:
Street Address	City	State	From (Date):	To:
Street Address	City	State	From (Date):	To:

Your Job Interests

Type of work desired (Please specify)	Work location desired	Salary desired
Referral Source <input type="checkbox"/> Career Fair <input type="checkbox"/> College Recruitment <input type="checkbox"/> Allsup, Inc. Website <input type="checkbox"/> Government Agency <input type="checkbox"/> Former Employee <input type="checkbox"/> Networking <input type="checkbox"/> Online Job Posting <input type="checkbox"/> Professional Organization <input type="checkbox"/> Search Firm <input type="checkbox"/> Walk In <input type="checkbox"/> Other <input type="checkbox"/> Employee Referral		
Specify Other	Employee Name	
Please check box(es) indicating the type of employment program for which you are applying: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Intern <input type="checkbox"/> Contract <input type="checkbox"/> Other (please specify)		
		If offered a position, when are you available to start?



Employment Experience

Please complete all appropriate items, even if you have already provided us with a resume.

Please list your job history for the past ten years or last five employers, starting with your current or most recent position.

Include any periods in which you were not employed and explain what you were doing during that time.

Current Employer Name		Street Address		City	State	Zip Code
Starting Position Title	Current Position Title		Employer Telephone	Starting Base Salary	Final Base Salary	
Name of Current Supervisor		Supervisor's Position Title		Starting Date	Leaving Date	
Is your current work performance satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No			May we contact your present employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when?			
Explain reason for leaving:						
Please describe your responsibilities and/or accomplishments:						
Employer Name		Street Address		City	State	Zip Code
Starting Position Title	Ending Position Title		Employer Telephone	Starting Base Salary	Final Base Salary	
Name of Supervisor		Supervisor's Position Title		Starting Date	Leaving Date	
Explain reason for leaving:			Please describe your responsibilities and/or accomplishments:			
Employer Name		Street Address		City	State	Zip Code
Starting Position Title	Ending Position Title		Employer Telephone	Starting Base Salary	Final Base Salary	
Name of Supervisor		Supervisor's Position Title		Starting Date	Leaving Date	
Explain reason for leaving:			Please describe your responsibilities and/or accomplishments:			

Employment Experience (continued)

Employer Name	Street Address		City	State	Zip Code
Starting Position Title	Ending Position Title	Employer Telephone	Starting Base Salary	Final Base Salary	
Name of Supervisor		Supervisor's Position Title	Starting Date	Leaving Date	
Explain reason for leaving:		Please describe your responsibilities and/or accomplishments:			

Employer Name	Street Address		City	State	Zip Code
Starting Position Title	Ending Position Title	Employer Telephone	Starting Base Salary	Final Base Salary	
Name of Supervisor		Supervisor's Position Title	Starting Date	Leaving Date	
Explain reason for leaving:		Please describe your responsibilities and/or accomplishments:			

Education and Training

Please complete all appropriate items, even if you have already provided us with a resume. Please list all schools attended.

School Name	Street Address		City	State	Zip Code
Type of School	Major and Minor Fields of Study		Dates Attended From:	To:	
Type of Diploma, Degree or Certificate* Earned	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	* If you have obtained an equivalency diploma, please indicate date and state in which obtained.			

School Name	Street Address		City	State	Zip Code
Type of School	Major and Minor Fields of Study		Dates Attended From:	To:	
Type of Diploma, Degree or Certificate* Earned	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	* If you have obtained an equivalency diploma, please indicate date and state in which obtained.			

School Name	Street Address		City	State	Zip Code
Type of School	Major and Minor Fields of Study		Dates Attended From:	To:	
Type of Diploma, Degree or Certificate* Earned	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	* If you have obtained an equivalency diploma, please indicate date and state in which obtained.			

Education and Training (continued)

U.S. Military Service <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch	Rank	Duties/Training:
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Professional Licenses or Certifications:

Complete if applicable:

Typing WPM	Computer Software
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Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which one(s)?
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Please include any other job related information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, volunteer work experience, etc. (Exclude all information indicative of race, color, ancestry, national origin, sex, religion, gender (including pregnancy), gender identity, genetics, sexual orientation, age, marital status, handicap, disability, or any other legally protected status.)

General Information

Has any employer ever terminated your employment or asked you to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please explain what happened, the employer's name, and the date of your employment's termination.		
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you presently authorized to work on a full-time basis in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you now or at some time in the future require sponsorship for an employer sponsored visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform the functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired for a position requiring driving, can you provide a current drivers' license for yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever previously applied to Allsup, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s)	Office/Location
Have you ever been previously interviewed by Allsup, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s)	Office/Location
Have you ever been employed by Allsup, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s)	Office/Location
* Please indicate your name at the time(s) indicated, if different than your current name:		
Are you related to anyone employed by Allsup, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who:	Relationship:
Do you have any written agreements or other commitments to another employer or organization, which might affect your employment with Allsup, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		

Have you been convicted of a felony in the last seven (7) years? * (Review notices below before answering this question) ____ Yes ____ No ____ N/A (Not required or allowed to respond at this time).

If yes, please explain and provide the date of each conviction:

- * Please note: Job applicants are not obligated to disclose sealed or expunged records. If you live in the following states, do not include convictions ordered sealed, expunged, annulled, legally eradicated, or erased: AK, CA, CT, IN, MD, MO, NH, NY, OH, or VA.
- * Answer N/A if you live in one of the following states or municipalities: HI, IL, MA, MN, NJ, or RI, Baltimore, MD; Buffalo, NY; Columbia, MO; Montgomery County, MD; Philadelphia, PA; Rochester, NY; San Francisco, CA; Seattle, WA; or Washington, D.C.
- * California Residents: In addition to the limitation above, exclude convictions for marijuana that occurred more than two (2) years ago.
- * New York Residents: In addition to the limitation above, exclude convictions resolved through youthful offender adjudication.

Please note that a criminal record will not necessarily disqualify you from employment.

Please read the following statements carefully, as they represent matters of importance to both you and Allsup, Inc. in connection with this application for employment.

1. I hereby certify that all information I have provided on this application is accurate and complete to the best of my knowledge. Any misrepresentation or omission of fact in my application, resume, or any other materials submitted to Allsup, Inc. may result in refusal of employment, or if employed, termination of employment whenever such misrepresentation or omission is discovered.
2. I authorize Allsup, Inc. to verify all of the information provided by me, including but not limited to, my education, employment, and criminal background. I authorize Allsup, Inc. to obtain a credit report about me as part of the employment application process and if employed, to obtain a report for any future consideration of a promotion or transfer to a different position within the company.
3. I authorize the references listed within this application to provide Allsup, Inc. with any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing the same to Allsup, Inc.
4. I understand and agree that, although management attempts to accommodate individual circumstances, including religious observance requirements, business needs may at times require overtime, shift work, a rotating work schedule, or Saturday or Sunday work.
5. In addition, I understand and agree that this application shall be valid for a period of thirty (30) days. If I wish to be considered after thirty (30) days, I recognize that I must complete a new application for employment.
6. If employed, I will sign an employee confidentiality agreement, in which I will agree to protect and not disclose any of Allsup, Inc.'s confidential information. Such agreement will also contain provisions which restrict my ability to compete with Allsup, Inc. or to be employed or associated with a competitive organization.
7. I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either myself or Allsup, Inc. In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of Allsup, Inc. I understand that I must meet the health standards established by Allsup, Inc. as a condition of initial and continued employment, which may be determined by a physical examination, which may include drug and alcohol screening. I understand, also, that if employed I am required to abide by all rules, regulations and policies of Allsup, Inc.
8. I recognize that if Allsup, Inc. hires me, then only a written employment agreement signed by Allsup, Inc.'s President/CEO (or his designees) can change my employment from one without any definite duration to employment for a specific duration. Similarly, only a written employment agreement signed by Allsup Inc.'s President/CEO (or his designees) can put any limitations on Allsup's ability to terminate my employment at will if the company hires me.
9. Upon the termination of my employment with Allsup, Inc., regardless of when, how, or why my employment ends, and regardless of whether Allsup, Inc. or I terminate my employment, I authorize Allsup, Inc. to release information about my employment history with Allsup, Inc. and release Allsup, Inc. and all of its agents from any liability for the disclosure of information about my employment history to any one or more governmental agencies, employers, or other third parties seeking information about me during my employment with Allsup, Inc.

By checking this box you agree with all above statements.

☐ I agree Signature of applicant _____ Date _____



Voluntary Section

The information below is needed to comply with state and federal laws and regulations. This information will be used for statistical purposes only and will not appear in your application file. **SUBMITTAL OF THIS INFORMATION IS STRICTLY VOLUNTARY AND REFUSAL TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.** This information will be kept confidential except as allowed for by the Rehabilitation Act of 1973 and the Vietnam Era Veteran Readjustment Assistance Act of 1974.

Allsup, Inc. is an Equal Opportunity Employer.

Please check the following information:

Sex: ☐ Male ☐ Female

1. This employer is a Government contractor 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 Government contractors 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:

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.

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.

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.

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.

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.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor 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.

☐ IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN



Ethnic Information

☐ **Hispanic or Latino:**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (Not Hispanic or Latino):**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American (Not Hispanic or Latino):**

A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino):**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysian, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Two or More Races:**

A person whose ancestry includes more than one of the preceding five racial or ethnic categories.

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