



APPLICATION FOR EMPLOYMENT

Please print in ink or type. Answer every question clearly and completely. Where a question does not apply, answer – N/A. Completed application may be mailed, emailed or hand-delivered.

Date: _____ Work Availability: (Check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp	Position applying for: _____ Days Available: (Check all that apply) <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Available to Start: _____ Specify Available Hours: _____ Salary Requirements: \$ _____
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Personal Data

Full Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email: _____ Preferred Method of Contact: _____

*****May we contact you at work Yes No

Were you previously employed at Ashworth? Yes No. If yes, please list dates - From: _____ To: _____

Do you have any relative currently employed at Ashworth? Yes No If yes, relative's name: _____

Are you legally eligible to work in the United States? Yes No Relationship: _____ Department: _____

Are you over the age of 18 (eighteen)? Yes No

Referred to Ashworth by: Employee - Provide employee's name: _____ Job Board- Provide specific site: _____

Company Web Site Newspaper Staffing Agency Other: _____

Have you ever been convicted of **ANY** criminal offense? Yes No If yes, please explain (A conviction does not automatically mean that you cannot be employed. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.)

Employment History

Please list present or most recent employer first.

If you are presently employed may we contact your present employer? Yes No *Please explain any gaps in employment. You may list other relevant volunteer or employment experience and dates on an additional page if needed.*

Name of Employer:		City and State:		Phone Number:
Dates of Employment:		Position:	Salary:	
From:	To:	Starting:	Starting: \$	Supervisor Name: _____
		Ending:	Ending: \$	Title: _____
Brief Description of Responsibilities:				
Reason for leaving:				
Name of Employer:		City and State:		Phone Number:
Dates of Employment:		Position:	Salary:	
From:	To:	Starting:	Starting: \$	Supervisor Name: _____
		Ending:	Ending: \$	Title: _____
Brief Description of Responsibilities:				
Reason for leaving:				
Name of Employer:		City and State:		Phone Number:
Dates of Employment:		Position:	Salary:	
From:	To:	Starting:	Starting: \$	Supervisor Name: _____
		Ending:	Ending: \$	Title: _____
Brief Description of Responsibilities:				
Reason for leaving:				



Education and Training

High School / GED:	<input type="checkbox"/> Diploma <input type="checkbox"/> GED					
College / University	School Name Location	From	To	Date Graduated	Degree	Area of Study
Professional Licensure or Certificate:	Type of License:	State Issued:	Exp. Date:	License / Certificate Number:	Ever Suspended:	If yes, explain:
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Qualifications and Skills (Computer proficiency, foreign languages, design, welding, etc.)

Other training you received (special courses, work training programs, armed forces training, etc.)

Work References

Name:	Company:	Relationship:	Phone Number:
Name:	Company:	Relationship:	Phone Number:
Name:	Company:	Relationship:	Phone Number:

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that any false statement on this application may result in refusal to hire or, if hired, dismissal. I hereby authorize the investigation of all statements contained herein, including references and employers. Any persons or organizations listed in this application are thereby authorized to provide any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all such parties from all liability that may result from furnishing such information to Ashworth. I also understand and agree that employment with Ashworth is "at will" and that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized officer of the company. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws.

Signature of Applicant: _____ Date: _____

THANK YOU FOR YOUR APPLICATION FOR EMPLOYMENT WITH ASHWORTH BROS., INC.
An Equal Opportunity Employer