APPLICATION FOR EMPLOYMENT

Architectural Metal Designs Inc., Corporate Office
1505 Pineland Avenue ▫Millville, New Jersey 08332
856-765-3000 (office) ▫ 856-765-3350 (fax)

Note to Applicant: Thank you for your interest in employment opportunities with Architectural Metal Designs. As an Equal Opportunity Employer, decisions to hire and promote are made without regard to race, religion, color, sex, national origin, age, disability, veteran status, or any other status protected by federal, state or local law. Further, it is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

INSTRUCTIONS

- Follow the instructions carefully and provide all information as requested.
- Provide as much detail as possible; however, do not use "see resume" on any portions of this application.
- Be sure to check for errors & signatures prior to submitting.
- Complete this application by printing in ink (and writing legibly) or by typing.

Architectural Metal Designs, Inc, provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and applicable state and local laws. If you require an accommodation at any time during the application and/or interviewing process, please contact Human Resources Department at 856-765-3000, ext. 113. All accommodation request will remain confidential.

Please attach a copy of your resume to the completed application and return to AMD for consideration. While you may submit a new application at any time, applications will remain on file for twelve (12) months.

POSITION INFORMATION

Position applying for:		**Date:**
Desired Hours: ☐ Full Time ☐ Part Time ☐ Temporary ☐ Intern	**Desired Work Schedule:** ☐ Days ☐ Weekends	
If offered employment, on what date would you be available to begin work?	**What is your desired hourly rate and/or salary?**	**Do you have adequate transportation to get to work?** ☐ Yes ☐ No
Referral Source? ☐ Advertisement ☐ Current Employee ☐ Friend ☐ Relative ☐ Other:		

GENERAL INFORMATION

Name (Last, First, Middle Initial)		**Are you over the age of 18?** ☐ Yes ☐ No	
Mailing Address	**City**	**State**	**Zip Code**
Email Address	**Home Phone Number**	**Cell Phone Number**	

Have you ever been previously employed by Architectural Metal Designs, Inc.? ☐ Yes ☐ No

If yes, when? _____

Please indicate below, if you have any relative(s) (by birth, adoption or marriage) that currently works for Architectural Metal Designs, Inc.

Name of Relative? _____

If selected for employment, can you submit verification of your legal right to work in the U.S.? ☐ Yes ☐ No

If selected for employment, are you willing to complete a background check? ☐ Yes ☐ No

For the job in which you are applying, are you able to perform all the essential functions of the job with or without reasonable accommodations? ☐ Yes ☐ No

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the essential functions of the job, (i.e., high school, vocational or technical programs, military training, etc.):

SCHOOL NAME AND LOCATION	Number of Credits		Field		Did you graduate?	Diploma or degree earned
	Quarter	Semester	Major	Minor		
High School/GED Program					☐ Yes ☐ No	
Vocational/Technical Trade					☐ Yes ☐ No	
College					☐ Yes ☐ No	
Other					☐ Yes ☐ No	

SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (i.e., types of machines operated, shop/production skills acquired, typing/computer skills, leadership, etc.):

Do you have the ability to read a blueprint? ☐ Yes ☐ No ☐ NA	**Do you have the ability to read a metric ruler?** ☐ Yes ☐ No ☐ NA

LICENSE OR CERTIFICATION

License/Certification	State	Profession	License/Certification #	Expiration Date

For positions that involve the operation of a motor vehicle, please provide the following information:

Do you have a current (unexpired) driver's license? ☐ Yes ☐ No	**Please indicate the type of driver's license(s) held:** ☐ A ☐ B ☐ C ☐ D ☐ M

Have you received any moving violations within the last three (3) years? ☐ Yes ☐ No

If yes, please explain: _____

_____

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EMPLOYMENT HISTORY Start with your present or most recent employment and work backwards. Use a separate sheet if necessary. Include paid and unpaid positions and explain any gaps in employment.:

1	Last or Current Employer	Type of Business	Phone Number
Address			
Your Job Title	Dates Employed (indicate months & years) From:	To:	Average Hours Per Week:
Brief Description of Duties/Responsibilities:			
Reason for Leaving:			Monthly Salary:
Supervisor's Name	Supervisor's Phone Number	Supervisor's Email Address	
May we contact your current employer for a reference? ☐ Yes ☐ No			

2	Previous Employer	Type of Business	Phone Number
Address			
Your Job Title	Dates Employed (indicate months & years) From:	To:	Average Hours Per Week:
Brief Description of Duties/Responsibilities:			
Reason for Leaving:			Monthly Salary:
Supervisor's Name	Supervisor's Phone Number	Supervisor's Email Address	
May we contact this employer for a reference? ☐ Yes ☐ No			

3	Previous Employer	Type of Business	Phone Number
Address			
Your Job Title	Dates Employed (indicate months & years) From:	To:	Average Hours Per Week:
Brief Description of Duties/Responsibilities:			
Reason for Leaving:			Monthly Salary:
Supervisor's Name	Supervisor's Phone Number	Supervisor's Email Address	

May we contact this employer for a reference? ☐ Yes ☐ No

REFERENCES Please list three (3) professional references not related to you, with full name, address, phone number, and relationship. If you don't have three (3) professional references, then list personal, unrelated references.

Name	**Address**	**Relationship to You**	**Email Address** (if known)

I understand that AMD may contact any listed references on this application. _____
Initials

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

Please read the following statement carefully:

I certify that all information contained in this application and any attachments is true and complete to the best of my knowledge. I understand that any willful misrepresentation, false statement, or omission by me in the application or interview process will be cause for rejection of my application or termination of my employment. Further, I understand that any offer of employment is contingent upon the successful completion of applicable pre-employment screenings, which might include background and/or drug screenings. I understand that this employment application and other employment related documents are not considered to be contracts of employment and I further acknowledge and understand that Architectural Metal Designs, Inc. is an "at-will" employer, which means that if hired, either I or Architectural Metal Designs is free to terminate the employment relationship at any time and for any reason, with or without prior notice.

_____
Applicant Name (Please Print)

_____
Applicant Signature

_____
Date