



Application for Employment

The AGA Group™ is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):		Other names under which you have attended school or been employed:
JOB #:			
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, what is your current age?
Are you currently employed at The AGA Group™?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, what is your current job title & department?
Have you ever been employed by The AGA Group™?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, dates of employment & reason for leaving:
Are you related to any current AGA Group™ employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity at The AGA Group™? Check all that apply: Job Bulletin (Posting) Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: The AGA Group™ reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize The AGA Group™ investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I also release The AGA Group™ and any individual entity providing information to The AGA Group™ from all liability for any damages from the disclosure of this information.

I also understand and agree that:

- Passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.
- I may be subject to pre-employment drug testing or a drug test where reasonable suspicion exists, or where warranted by circumstances, workplace conditions or contractual requirements.
- I understand and agree that I will not be considered an employee of or have any type of employee/employer relationship with The AGA Group™ until such time as my interview, references, criminal background checks, I-9 tax forms and other pre-employment requirements are completed and I am actually placed with an AGA Group™ Client.
- The AGA Group™ is under no obligation to hire me or find placement on my behalf with one of its Clients.

I understand and agree that nothing contained in this employment application (including tax forms) or in granting of an interview creates an employment contract between The AGA Group™ and myself. Nor does this create employment or provide any benefit of any sort. No promises regarding employment have been made to me. I acknowledge that the purpose of filling out all forms (including tax forms) at this pre-hire stage is solely for administrative purposes and it will not be used for a hiring decision for employment. If an employment relationship is established I will understand that my employment will be terminable "at will" and The AGA Group™ retains the right to terminate my employment at any time. I will also have the right to terminate my employment at any time with written notice of at least two weeks.

I understand and agree that this application is a continuous document and should any of the information which I have supplied herein change, I am obligated to notify The AGA Group™ of such change immediately.

I understand that should I become employed by The AGA Group™ my work assignments, schedules and/work locations are subject to the change according to the needs of the business and the clients of The AGA Group™.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I will be eligible to participate and contributions to The AGA Group™ Retirement System or to an optional retirement program, if applicable is optional. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. All employees are eligible to participate in The AGA Group™ benefit program after 90 days of continuous employment if they elect to participate. The costs associated with participating in The AGA Group™ benefits programs will be the responsibility of the employee. If the employee agrees with the cost their hourly pay will be adjusted to reflect the cost of their participation in the benefits program. Once employee leaves the employment of The AGA Group™ all routine contributions on the employee's behalf will be discontinued and the employee participation in the benefits program will be terminated.

Applicant Signature: _____ Date: _____