

Please complete the following to be considered for employment with ACH Fulfillment.

PERSONAL INFORMATION		(Please fill out completely—résumés are not a substitute for a completed application.)			
Name (First, Middle Initial, Last):	Other names under which records exist about you:				
Address (Number/Street, City, State, Zip Code):	Telephone Number:				
If at your current address for less than 1 year, list your previous address:	Email Address:				
Are you less than 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally permitted to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all convictions, showing offense and date.	Have you ever been employed by ACH Fulfillment or other associated businesses? If yes, provide dates and location. <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Have you ever applied for a position with this company before? If yes, provide dates and location. <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Are you now or have been a distributor within the essential oil industry? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide dates and location.				
<i>The fact that you may have a record of conviction does not necessarily disqualify you for employment.</i>					
Type of position you are applying for:	Type of employment you are seeking: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Other _____				
What date are you available to work?	Shift(s) you are available to work: <input type="checkbox"/> Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends				
Desired Salary/Hourly Rate:	Will you work overtime as required? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No					
How did you hear about our company? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Online <input type="checkbox"/> Recruiting Self-Initiated <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other _____					
List any friends, acquaintances, or relatives who are employed by this company.					
EDUCATION AND EXPERIENCE		Degree Earned	GPA	Dates Attended	Major/Course of Study
High School (Name & Address)					
College or Vocational School (Name & Address)					
Graduate School (Name & Address)					
Do you plan to continue your education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what area?	Professional memberships/extracurricular activities where you held a leadership role:				
	Honor Societies:				
Other skills or training that would be relevant to the position you are applying for (computer skills, certifications, forklift or warehouse equipment, etc.):					

EMPLOYMENT EXPERIENCE	Please provide information about your past employment. Please list additional employment on a separate sheet or attach a résumé.
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Employer:		Address:		Type of Employment: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temporary	
Starting Pay:	Ending Pay:	Last/Current Position/Title:		Employed From:	Employed To:
Did you work overtime? <input type="checkbox"/> No <input type="checkbox"/> Yes Hours per week: _____		Brief Description of Duties Assigned:		Reason for Leaving:	
May we contact this employer without jeopardizing your current employment situation? <input type="checkbox"/> No <input type="checkbox"/> Yes					

Employer:		Address:		Type of Employment: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temporary	
Starting Salary:	Ending Salary:	Last/Current Position/Title:		Employed From:	Employed To:
Did you work overtime? <input type="checkbox"/> No <input type="checkbox"/> Yes Hours per week: _____		Brief Description of Duties Assigned:		Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain why.)					

Employer:		Address:		Type of Employment: <input type="checkbox"/> Full <input type="checkbox"/> Part <input type="checkbox"/> Temporary	
Starting Salary:	Ending Salary:	Last/Current Position/Title:		Employed From:	Employed To:
Did you work overtime? <input type="checkbox"/> No <input type="checkbox"/> Yes Hours per week: _____		Brief Description of Duties Assigned:		Reason for Leaving:	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain why.)					

Have you ever, with any employer, been discharged for cause or disciplined in the workplace? No Yes (If yes, why?)

BUSINESS & PERSONAL REFERENCES	Please provide us the information requested below for individuals who can comment on your qualifications and your capabilities. Please do not include any relatives.
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Full Name	Occupation/Employer	Relationship	Telephone Number or Email

CERTIFICATION AND ACKNOWLEDGMENT

1. I certify that the information I have provided on this application is true and complete to the best of my ability. Any misrepresentation or omission of fact in my application, résumé, or other materials, or during any interviews, can be justification for refusal of employment or termination of employment.
2. I authorize my present employer, unless otherwise noted, former employers, and those individuals I have listed as references, to furnish information about my employment record, including the reasons for my termination, work performance, abilities, and other qualities pertinent to my employment qualification and hereby release them from any and all liability for damages arising from furnishing such information.
3. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be modified or terminated with or without cause or notice, at any time, at the option of either the company or me.

Signature: _____	Date: _____
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