

EMPLOYMENT APPLICATION

ACH Fulfillment

ACH Fulfillment Considers All Applicants For Employment Without Regard To Race, Color, Religion, Sex, National Origin, Age, Disability, Sexual Orientation Or Veteran Status In Accordance With Federal, State And Local Laws. ACH Fulfillment Will Provide Reasonable Accommodation To Individuals With Disabilities.

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

PERSONAL INFORMATION (Please fill out completely – Resumes are not a substitute for a completed application.)				
Name (First, Middle Initial, Last)	E-mail Address			
Address (Number & Street, City, State, Zip Code)	Telephone Number			
If at your current address for less than one year, list your previous address	Other names under which records exist about you			
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. <i>The fact that you may have a record of conviction does not necessarily disqualify you for employment</i>	Have you ever been employed by ACH Fulfillment, or other associated businesses? If yes, provide dates and location _____ Have you ever applied for a position with this company before? If yes, provide dates and location _____ 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 _____			
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"/> Afternoon <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends			
Desired Salary/Hourly rate?	Will you work overtime as required?			
Are you willing to travel?	How did you hear about our company? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> On-line Recruiting <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Employee referral			
List any friends, acquaintances, or relatives who are employed by this company.				
EDUCATION & TRAINING				
	Degree Earned	GPA	Dates Attended	Major Course of Study
High School (Name and Address)				
College or Vocational School (Name and Address)				
Graduate School (Name and Address)				
Do you plan to continue your Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what area?	Professional Society Memberships			
Other Skills or Training which 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 resume.

Name and Address of Current or Last Employer	Starting Title	Current or Last Title
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Employed From	Employed To	Average Number of Hours Worked Per Week (include OT)
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Starting Pay:	Ending Pay:	Bonus if any:
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Brief Description of Duties Assigned:

Reason for Leaving	Immediate Supervisor's Name and Telephone Number
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May we contact this employer without jeopardizing your current employment situation? Yes No

Name and Address of Previous Employer	Employed From	Employed To
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Starting Title & Pay:	Ending Title & Pay:	Average Number of Hours Worked Per Week (Include OT)
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Brief Description of Duties Assigned:

Reason for Leaving:	Immediate Supervisor's Name and Telephone Number
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Name and Address of Previous Employer	Employed From	Employed To
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Starting Title & Pay:	Ending Title & Pay:	Average Number of Hours Worked Per Week (Include OT)
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Brief Description of Duties Assigned:

Reason for Leaving:	Immediate Supervisor's Name and Telephone Number
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Have you ever, with any employer, been discharged for cause or disciplined in the workplace? Yes No
If Yes, Why?

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.

Name	Occupation & Employer	Relationship	Telephone Number

PRE-EMPLOYMENT STATEMENT

1. 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, resume or other materials, or during any interviews, can be justification for refusal or employment of termination of employment.
2. I authorize my present employer, unless otherwise noted, former employers and those individuals I have listed as references, 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 for any and all liability for damages arising from furnishing the requested 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: _____