



Please list two professional references other than relatives or previous employers:

Name: _____

Name: _____

Position: _____

Position: _____

Company: _____

Company: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Large empty rectangular box for providing additional information.



The Ambit Group, LLC is an Equal Opportunity Employer. As required by law, we must record certain information to be made part of our Affirmative Action Program. Applicants for employment are invited to participate in the Affirmative Action Program by reporting their status as handicapped, disabled veteran, veteran of the Vietnam era, or other minority. In extending this invitation you are also advised that: (a) applicants are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Race or Ethnic Identity (Please select only from one category):

Hispanic or Latino

If not Hispanic or Latino, please select one of the categories below:

Asian

Native Hawaiian or Pacific Islander

Black or African American

American Indian or Alaskan

White

Two or more races

Gender:

Male Female

Veteran Status (Select all that apply):

Vietnam Era Veteran

Special Disabled Veteran

Newly Separated Veteran

Other Protected Veteran

Other:

Individual with Disabilities

Date of Discharge: _____

If you prefer to not identify for any categories, please check below.

I do not wish to self-identify

Work Experience

(Please attach your resume to provide information on your work experience.)

May we contact your present employer? (Circle one) **Yes** **No**

If so, please provide contact information below:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

May we contact your previous employers? (Circle one) **Yes** **No**

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Did you complete this application yourself? (Circle one) **Yes** **No**

If not, who did? _____



**PLEASE READ CAREFULLY -
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by **Ambit Group, LLC**, (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the CEO of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I, the applicant, authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that **my employment relation with the Company is terminable at will for any reason by either party.**

Signature of Applicant: _____

Date: _____