

ACTION COMPUTERS, INC.
2890 S. COLORADO BLVD
DENVER, CO 80222

Phone: (303) 759-1668 Fax: (303) 759-2846

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Personal Information:

Today's Date: _____

First Name _____ Last Name _____ Middle _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Are you 18 or Older? Yes No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you been convicted of any law violation (except a minor traffic violation)? Yes No

If yes, please explain: _____

A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.

Are you now, or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

Position You Are Applying For:

When can you Start? _____

Position Title: _____ Salary Requirement: _____

If you were referred to us by an employee please provide their name: _____

How Did you hear of the Position? _____

Are you seeking: Fulltime/Partime/Temporary employment? Full Time Part Time Temporary

Education:

High School

City

State

High School Years Completed: _____

Undergraduate College

City

State

Degree Earned: _____

Subjects Studied While in College: _____

Graduate College

City

State

Degree Earned: _____

Subjects Studied While at Graduate School: _____

Business or Technical School

City

State

Degree Earned: _____

Subjects Studied While at Graduate School: _____

Special Skills:What skills or additional training do you have that are related to the job for which you are applying?
_____What machines or equipment can you operate that are related to the job for which you are applying?
_____**For Driving Jobs Only: Do you have a valid driver's license?** Yes No

Driver's License Number: _____ Class of License: _____

Have you had your driver's license suspended or revoked in the last three years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

ReferencesAre you presently employed? Yes No May we contact your present employer? Yes NoHave you ever been fired or asked to resign from a job? Yes No If yes, please explain below:
_____Have you worked or attended school under any other names? Yes No

If yes, give names: _____

Business References (Give three references, not relatives or former employers.)

Name	Address	Work #	Home #

Work History: List names of employers with present or last employer listed first. Account for all periods of time, including military service and any period of unemployment. If self-employed, give firm name and supply business references. Provide telephone numbers and names of individuals to contact.

Employer	Address	Phone	From	To	Salary	Title	Supervisor

AFFIDAVIT**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I AUTHORIZE the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations from any legal liability in making such statements.

I UNDERSTAND that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Signature: _____ **Date:** _____

This application for employment will remain active for a limited time. Ask the organization representative for details.

APPLICATION EEO OR AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

Name: _____

Position Applied For (list only one): _____

What is your race/ethnic origin? (select one)

- American Indian or Alaskan Native
- Black, not of Hispanic Origin
- Asian or Pacific Islander
- Hispanic
- White, not of Hispanic Origin

What is your sex?

Male

Female

Name: _____

Date: _____

**AUTHORIZATION TO OBTAIN CREDIT REPORT
AND OTHER CONSUMER REPORT INFORMATION
FROM AN OUTSIDE SOURCE**

By signing below, I hereby Authorize, **ACTION COMPUTERS, INC.**

or any of its affiliates or subsidiaries, (employer) to utilize the services of an outside agency to make an investigation of my personal employment history, education and financial and credit records. I understand that these investigations will include information of public record, which could include, but not limited to, DMV records, civil and criminal court records; county, state and federal tax liens; notices of default and bankruptcies, and other records as may be appropriate. Previous employment references, educational degrees, and professional references will also be verified.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have the right to make written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation and for a written summary of my rights under the Fair Credit Reporting Act.

I further understand that Information from such reports may be used by the employer in making a decision regarding my employment. Information obtained from such sources shall remain confidential and will only be used by

 ACTION COMPUTERS, INC. or any of its affiliates or subsidiaries.

Yes _____
Signature and Date

No _____
Signature and Date

WAIVER AND AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION FOR EMPLOYMENT PURPOSES

To the Applicant: This form must be filled out completely. Leave no blanks. Direct any questions to the employment office. **READ ALL INFORMATION CAREFULLY BEFORE SIGNING.**

I hereby represent to: **ACTION COMPUTERS, INC.**

that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Yes _____
Signature and Date

No _____
Signature and Date

A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

PLEASE PRINT CLEARLY

Name	Last	First	Middle
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Other Names Used - include maiden name, aliases, and nick names

Address

City/State/Zip

Telephone		Date of Birth
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Drivers License Number	Type	State
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Signature _____ Date _____