



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

A consumer report and criminal background check will be requested and all applicants will be scheduled for a test for drug use following a conditional offer of employment.

Various pre-employment tests may be required depending on the position sought. If you have a disability that will require an accommodation to take a test, please advise the office manager prior to the date of the test.

AAA policy is to seek, employ and assign responsibilities to the best qualified personnel and to provide equal opportunities to all persons regardless of sex, race, color, religious preference, age, national origin, marital status or disability. Thank you for your interest in our organization and for providing us with the following job-related information.

Please Print or Type:

Today's Date: _____

NAME (LAST, FIRST, MIDDLE INITIAL)	HOW LONG AT PRESENT ADDRESS?
PRESENT ADDRESS (STREET, CITY STATE AND ZIP CODE)	PRESENT TELEPHONE NUMBER () ()
LAST PREVIOUS ADDRESS (STREET, CITY STATE AND ZIP CODE)	PRESENT CELL PHONE NUMBER () ()
POSITION(S) FOR WHICH YOU ARE APPLYING	E-MAIL ADDRESS
HOW WERE YOU REFERRED TO AAA?	PREVIOUSLY EMPLOYED BY AAA? () YES () NO
HAVE YOU BEEN EMPLOYED UNDER A DIFFERENT NAME WITHIN THE LAST 10 YEARS? () YES () NO IF YES, STATE NAME	EARNINGS LEVEL DESIRED \$ _____ PER _____
RELATIVES EMPLOYED BY AAA? () YES () NO IF YES, NAME AND RELATIONSHIP	U.S. CITIZENSHIP/PROOF OF RIGHT TO WORK IN U.S. ? () YES () NO

IF APPLYING FOR TEMPORARY (SEASONAL) OR PART-TIME WORK, PLEASE ANSWER THE FOLLOWING:

REASON(S) FOR WANTING PART-TIME OR TEMPORARY _____

DAYS OF WEEK AVAILABLE _____ HOURS OF DAY AVAILABLE _____

FOR TEMPORARY, DATE AVAILABLE _____

IF EMPLOYED ELSEWHERE, EMPLOYER NAME _____

POSITION _____ CURRENT SCHEDULE _____

FOR SALES OR OTHER POSITIONS THAT REQUIRE DRIVING:

VALID DRIVER'S LICENSE? () YES () NO STATE ISSUED _____ COMMERCIAL DRIVER'S LICENSE? () YES () NO STATE ISSUED _____

HAS YOUR LICENSE BEEN SUSPENDED OR REVOKED WITHIN THE LAST THREE YEARS? () YES () NO

FOR SALES POSITIONS ONLY: DO YOU HAVE PRIMARY ACCESS TO A CAR? () YES () NO

DO YOU CURRENTLY HOLD ANY SALES OR INSURANCE LICENSES? () YES () NO

IF YES, SPECIFY TYPE _____ ISSUING STATE _____

HAVE YOU PLED GUILTY TO OR BEEN FOUND GUILTY OF A FELONY?

() YES () NO IF YES, GIVE DETAILS _____

EDUCATION	NAME OF SCHOOL, CITY, STATE		DIPLOMA, DEGREE OR CERTIFICATE
HIGH SCHOOL			
MAJOR SUBJECTS		CIRCLE LAST YEAR COMPLETED 1 2 3 4	
COLLEGE			
MAJOR SUBJECTS		CIRCLE LAST YEAR COMPLETED 1 2 3 4	
COLLEGE			
MAJOR SUBJECTS		CIRCLE LAST YEAR COMPLETED 1 2 3 4	
BUSINESS / TECHNICAL			
MAJOR SUBJECTS		CIRCLE LAST YEAR COMPLETED 1 2 3 4	
OTHER			
MAJOR SUBJECTS		CIRCLE LAST YEAR COMPLETED 1 2 3 4	

BUSINESS OR PROFESSIONAL MEMBERSHIPS WHICH ENHANCE YOUR QUALIFICATIONS: _____

ADDITIONAL INFORMATION: HOBBIES, OUTSIDE INTERESTS YOU BELIEVE ENHANCE YOUR QUALIFICATIONS FOR EMPLOYMENT _____

TECHNICAL EXPERIENCE & TRAINING: AAA WOULD LIKE TO KNOW WHAT YOUR EXPERIENCE AND TRAINING INCLUDES, ALSO, LIST ANY EQUIPMENT, HARDWARE OR SOFTWARE APPLICATIONS AND SYSTEMS WITH WHICH YOU ARE REASONABLY FAMILIAR.

LIST TECHNICAL EXPERIENCE, TRAINING AND EQUIPMENT FAMILIARITY	DATE KNOWLEDGE ACQUIRED	DEGREE OF FAMILIARITY (CHECK ONE)		
		TRAINED, BUT NEVER USED	REASONABLY PROFICIENT	CURRENT EXPERTISE

PRESENT OR MOST RECENT EMPLOYER

NAME OF COMPANY	HIRE DATE	TERM DATE
STREET ADDRESS	STARTING RATE OF PAY	
CITY, STATE, ZIP CODE	CURRENT OR FINAL RATE OF PAY	
POSITION / FUNCTION / DEPT.	REASON(S) FOR LEAVING	
IMMEDIATE SUPERVISOR'S NAME / TITLE		

FORMER EMPLOYERS (INCLUDE MILITARY SERVICE)

NAME OF COMPANY	HIRE DATE	TERM DATE
STREET ADDRESS	STARTING RATE OF PAY	
CITY, STATE, ZIP CODE	FINAL RATE OF PAY	
POSITION / FUNCTION / DEPT.	REASON(S) FOR LEAVING	
IMMEDIATE SUPERVISOR'S NAME / TITLE		

NAME OF COMPANY	HIRE DATE	TERM DATE
STREET ADDRESS	STARTING RATE OF PAY	
CITY, STATE, ZIP CODE	FINAL RATE OF PAY	
POSITION / FUNCTION / DEPT.	REASON(S) FOR LEAVING	
IMMEDIATE SUPERVISOR'S NAME / TITLE		

NAME OF COMPANY	HIRE DATE	TERM DATE
STREET ADDRESS	STARTING RATE OF PAY	
CITY, STATE, ZIP CODE	FINAL RATE OF PAY	
POSITION / FUNCTION / DEPT.	REASON(S) FOR LEAVING	
IMMEDIATE SUPERVISOR'S NAME / TITLE		

AAA IS A MEMBERSHIP ORGANIZATION WITH A MISSION TO PROVIDE QUALITY PRODUCTS AND LEGENDARY SERVICE TO MEMBERS IN MOTORING, INSURANCE, TRAVEL AND FINANCIAL SERVICES. MOST OF OUR FUNCTIONS INVOLVE CUSTOMER SERVICE AND INTER-PERSONAL CONTACT. PLEASE MAKE A BRIEF STATEMENT DESCRIBING YOUR CUSTOMER SERVICE EXPERIENCE TO DATE:

WHY ARE YOU INTERESTED IN WORKING FOR AAA? _____

PLEASE READ CAREFULLY

Applicant Consent:

Please read each of the following statements and place your initials by each one to indicate that you understand and agree to the terms stated, then sign this form at the bottom.

_____ I understand that all offers of employment are conditional upon passing a hair analysis drug test. Applicants who are offered employment will be tested for the following drugs: cocaine, methamphetamine, marijuana, opiates, and PCP. No employment will be offered to an applicant who refuses to undergo a drug test. Hair must be 1/2" in length at the time of testing.

_____ I consent to have AAA, its designees and representatives, run a consumer report (credit report) and/or an investigation report in order to consider me for employment.

_____ I agree that this employment is not binding on either AAA or me for any stated period of time and may be terminated by either party at any time.

_____ I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

_____ I consent to have AAA, its designees and representatives, contact my former employer(s) for references and authorize them to provide truthful information regarding my performance and qualifications. I also agree to waive liability against persons/employers named as references, provided the information they supply is honest, factual, and given without malice. I understand that, upon written request, I may obtain information regarding the nature and scope of the report, if one is made.

_____ I consent to have AAA, its designees and representatives, run a criminal background check. I understand that a prior felony conviction will serve as grounds for dismissal.

_____ I consent to have AAA, its designees and representatives, contact all educational institutions listed and authorize them to verify the information provided.

_____ I consent to have AAA, its designees and representatives, run a check on my driver's license. I understand that a past or current suspension or revocation could affect my employment eligibility for sales or other positions that require driving.

Signature / Date