



Account Manager	Database Analyst	PC Software Specialist	Senior Programmer	Systems Administrator
Analyst Programmer	Desktop Engineer	Programmer	Senior System Analyst	Systems Analyst
Business Analyst	Help Desk	Project Manager	Senior Systems Programmer	Systems Engineer
Computer Engineer	Junior Programmer	Robotics	Software Developer	Test Engineer
Computer Engineer	Network Engineer	SAP Functional Programmer	Software Engineer	Web Developer
Computer Operator	Oracle DBA	Security Analyst	Software QA	Contract / Contract to Hire
Database Admin.	Packaging	Senior Analyst Programmer	Software Tester	Full Time / Direct Hire

EMPLOYMENT APPLICATION

 Last Name First Name Initial

 Home Phone # Mobile #

 Address Apt. City State Zip Code

 Social Security # Email Address

ATS, Inc. is an equal opportunity employer and does not discriminate in employment because of race, color, creed, religion, sex, age, national origin, marital status, physical or mental disabilities, sexual orientation or military/veteran status.

An Equal Opportunity Employer

COMPANY NAME & ADDRESS (List last employer first)	FROM MO/YR	TO MO/YR	TYPE OF BUSINESS	JOB TITLE AND MAJOR DUTIES	SUPERVISOR NAME	PHONE NO.	LAST SALARY	REASON FOR LEAVING

EDUCATION

BA BS Year Major College
 Master's Year Major College
 A A Year State

ADDITIONAL EXPERIENCE NOT DOCUMENTED:

FOR WHAT LENGTH OF CONTRACTS ARE YOU AVAILABLE?
 LOOKING FOR FULL-TIME EMPLOYMENT? YES NO

MINIMUM HOURLY RATE FOR CONTRACT WORK:
 MINIMUM ANNUAL SALARY FOR REGULAR WORK:

HOW WILL YOU GET TO YOUR ASSIGNMENT? CAR BUS OTHER

LIKES IN PREVIOUS JOBS:
DISLIKES IN PREVIOUS JOBS:

ASSIGNMENT PREFERENCE AREAS (select as many that may apply):

ANY AREA PHOENIX GLENDALE PEORIA
 TEMPE SCOTTSDALE MESA CHANDLER/GILBERT

DATE AVAILABLE:
LEGALLY ELIGIBLE TO WORK IN THE U.S.:
 YES NO
ARE YOU AGE 18 OR OLDER? YES NO
BI-LINGUAL YES NO LANGUAGES:

STUDENT? YES NO
SELECT DAYS YOU CAN WORK:
 M T W TH F S S
SHIFT(S): DAY SWING GRAVE

IN CASE OF EMERGENCY NOTIFY:

NAME:
RELATIONSHIP:
HOME PHONE:
BUSINESS PHONE:

NAME OF FAMILY PHYSICIAN:
PHYSICIAN'S PHONE:

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
IF YES, EXPLAIN

CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS THE NATURE AND GRAVITY OF THE CRIME, THE LENGTH OF TIME PASSED SINCE THE CONVICTION AND/OR COMPLETION OF ANY SENTENCE, AND THE NATURE OF THE JOB FOR WHICH YOU ARE APPLYING WILL BE CONSIDERED.

I authorize the investigation of all matters that ATS, Inc. deems relevant to my qualifications for employment, including all statements made in this application and in any attachments or supporting documents. I authorize you to request and receive such information and I release from all liability any person (such as former supervisors) or employers supplying it. I also release you from all liability that might result from making the investigation. I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will be cause for denial of employment or immediate termination, regardless of when or how discovered. I understand and agree that if I am offered and accept a position, I will be working for ATS, Inc. on temporary assignments at its client's offices. I also understand that I may resign or be terminated, or that ATS, Inc. may decide to cease using me, without cause or notice at any time. It is hereby agreed that I will obtain permission from ATS, Inc. before discussing full time employment with an ATS, Inc. client. I agree to follow all existing and future ATS, Inc. policies and rules. I understand that ATS, Inc. has the right to make changes in wages, hours and working conditions as it deems appropriate, and to interpret and apply, in its sole judgment, all of its policies and rules. I also understand that all changes or contracts must be in writing and that all contracts must also be signed by both parties to be valid. I understand that I may be required to submit to pre- or post-assignment physical examination and/or urinalysis tests for the presence of drugs and/or alcohol. I agree to such examinations and/or testing at ATS, Inc.'s expense. I authorize release of the results to ATS, Inc. (and any client who requires it) and their use to evaluate my suitability for employment. I also release ATS, Inc. from all liability arising out of or connected with the examinations and/or testing.

I HAVE READ ALL THE ABOVE STATEMENTS AND THOSE IN THE ORIENTATION PACKET, AND I HAVE REVIEWED ALL THE INFORMATION I PROVIDED IN THIS APPLICATION AND IN ANY ATTACHMENTS OR SUPPORTING DOCUMENTS YES NO

Signature _____ Date _____

