



AIME Inc.  
info@aimeautomation.com

It is the policy of AIME Incorporated to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Applicant Information

Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

Emergency Contact who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_

Job Position Applied For: \_\_\_\_\_

Desired rate of pay \$ \_\_\_\_\_

Who referred you to our company? \_\_\_\_\_

Do you have any friends or relatives who work here? If yes, please list here:

\_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

How will you get to work? \_\_\_\_\_

When would you be available to begin work?

\_\_\_\_\_

Applicant Employment History List your current or most recent employment first. Please list all jobs (including self-employment and military service) that you have held, beginning with the most recent, and

list and explain any gaps in employment. If additional space is needed, use the back page of this application.

Employer Name: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

If hired, are you able to submit proof that you are legally eligible for employment in the United States?

\_\_\_\_\_ Yes \_\_\_\_\_ No

List any skills/training

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Please indicate any current professional licenses or certifications that you hold:

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References

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

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I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application or, if employment commences, immediate termination.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President/Vice President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of AIME Incorporated, except in a specific written contract of employment signed on behalf of the organization by its President/Vice President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date