

**AMERICABLE INTERNATIONAL JAPAN, INC.**  
**Application for Employment**  
(Please Print)

Position (s) Applied For: \_\_\_\_\_ Office Location: \_\_\_\_\_ Date of Application: \_\_\_\_\_

\_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(H) (C)

Telephone Number (s) \_\_\_\_\_ E-mail address \_\_\_\_\_

DL # (Only if applying of job that requires driving) \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

When would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Can you work overtime if needed?  Yes  No

Have you served in the United States military?  Yes  No

Branch \_\_\_\_\_ Date of Service \_\_\_\_\_ Rank \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any job-related training received in the United States military? \_\_\_\_\_

Do you have any responsibilities that would interfere with traveling for us?  Yes  No

If hired, are you willing to submit to and pass a controlled substance test?  Yes  No

Indicate any foreign languages you can speak, read and/or write.

Speak \_\_\_\_\_  Fluent  Good  Fair

Read \_\_\_\_\_  Fluent  Good  Fair

Write \_\_\_\_\_  Fluent  Good  Fair

Education

	Graduate	Diploma / Degree	Type of Degree
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Undergraduate College	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Graduate Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Employment Experience (For previous five years)

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, natural origin, disabilities or other protected status.

Employer 1 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer 2 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer 3 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Employer 4 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Hourly rate \_\_\_\_\_

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Additional Information

Other qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

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Specialized Skills

Check Skills / Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> AutoCAD	Other (list):	
<input type="checkbox"/> Spreadsheets	<input type="checkbox"/> Multifunction	_____	_____
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Cash Drawer	_____	_____
<input type="checkbox"/> MS Office	<input type="checkbox"/> Adobe PDF Editor	_____	_____

References

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone #)

We consider applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, ancestry, physical or mental handicap, marital status, or any other legally protected status pursuant to relevant federal, state and local laws. WE ARE AN EQUAL OPPORTUNITY EMPLOYER. This application for employment shall be considered active for a period of time not to exceed 45days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, a ninety (90) day evaluation (from the date of hire) of satisfactory or above satisfactory will result in permanent status.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date