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 Richland, WA 99352
 Phone 509-946-1725 or 877-709-6706
 Fax 509-946-7132
jobs@anrgroupinc.com or www.anrgroupinc.com

ANR Group Inc is an equal opportunity employer. We recruit, hire, and promote employees without regard to race, color, religion, sex, age, national origin, citizenship, or disability. Individuals with disabilities who need assistance completing this application can contact the Human Resources department to arrange suitable accommodations.

EMPLOYMENT APPLICATION

Name	(First)	(Middle)	(Last)	Date	Social Security No.
Present Address	(Street)	(City)	(State)	(Zip)	Phone Number
Permanent Address	(Street)	(City)	(State)	(Zip)	Phone Number
How did you learn of our Company?					Office / Cell or Pager No. / Email Address
Position(s) Desired				<input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time	Salary Desired
1.					Date Available to Work
2.					

Other name(s) under which employment may be verified _____

Please indicate source of referral to ANR Group Inc _____

Have you previously applied or been employed by ANR? Yes No If yes, please explain _____

Do you have relatives or members of your household employed by any ANR? Yes No If yes, please name _____

If an offer of employment is made, can you verify your eligibility to work for any employer in the United States? Yes No

For some positions, proof of U.S. citizenship is required. Can you show proof of citizenship? Yes No

Are you capable of satisfactorily performing the essential functions of the position for which you are applying? Yes No

If position required relocation, do you have any geographical restrictions? Yes No Geographical preference _____

If position required traveling, would you have any restrictions? Yes No

Do you have a valid driver's license? Yes No Has your driver's license ever been suspended or revoked? Yes No

SECURITY:

Have you ever held a security clearance issued by the U.S. Government? Yes No If yes, please indicate the type of clearance granted:

Secret Top Secret L Q Active Inactive When was this clearance last active: _____

EDUCATION:

Did you graduate from high school? Yes No If not, have you passed a G.E.D. test or equivalency? Yes No

SCHOOL	CITY AND STATE	MAJOR AREA OF STUDY	YEARS COMPLETED (CIRCLE)	DID YOU GRADUATE?	DEGREE RECEIVED IF NO DEGREE, GIVE TOTAL UNITS COMPLETED
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Scholastic Honors and Awards:

Thesis/Dissertation Topic:

Other Courses Taken: (Trade, Technical, Correspondence and Military)

Name & Location of School

LICENSES: Licenses, Registrations and Certifications

Provide type of registration, state, year, and number:

TYPE OF REGISTRATION	STATE(S)	YEAR	LICENSE NUMBER

U.S. MILITARY SERVICES:

BRANCH OF SERVICE	DATE OF ACTIVE SERVICE	RANK AT DISCHARGE
	From: To:	

Services/schools of special experience:

EMPLOYMENT RECORD:

List all jobs and other activities (including military service) for at least the past 10 years, covering full disposition of your time whether you were employed or not (**show last employment first**). This portion must be completed even if supplemented by a resume. Candidates that enter "See Resume" in this section will not be considered for employment by ANR. Please explain fully any gaps in employment history. If necessary, please attach a separate sheet for additional employment history. Information below will be used as a point of reference during the pre-employment background investigation. Incomplete applications cause delays in processing the background checks. If you have questions or need assistance completing this document, please call the ANR office.

EMPLOYMENT HISTORY (Give full name and complete street address).	SALARY OR WAGE	SALARIED OR HOURLY	BONUS ELIGIBLE?	DUTIES	DATES EMPLOYED		TOTAL YRS/MO	REASON FOR LEAVING
					From MO/YR	To MO/YR		
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								
Full Name	Start:							
Position Held								
Street	Last:							
City State								
Supervisor/Phone #								

MAY WE CONTACT YOUR PRESENT AND/OR FORMER EMPLOYER(S)? Yes No **CONDITIONS** _____

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY ANY PREVIOUS EMPLOYER? (DO NOT INCLUDE LAYOFFS)

Yes No _____

References:

Please list three references who are not related to you but are familiar with your employment experience. If possible, provide references that are not already listed in the employment section.

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: _____

- Prior Supervisor Professional Contact
- Co-worker Other _____

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: _____

- Prior Supervisor Professional Contact
- Co-worker Other _____

Name: _____

Title: _____

Company: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: _____

- Prior Supervisor Professional Contact
- Co-worker Other _____

Skills/Qualifications: List special skills and qualifications, such as specialized technical skills within your field of expertise. List computer hardware and software packages with which you have experience.

Comments: (List any information that you may wish to add about your abilities.)

Criminal History: Have you ever pleaded "guilty" or "no contest" to, or been convicted of, a misdemeanor or felony; or have you been arrested for any matter for which you are out on bail or on your own recognizance pending trial? Yes No

If yes, please explain below. (Answering "yes" to these questions does not constitute an automatic bar to employment. Do not include minor traffic violations.)

I hereby certify that my answers to the foregoing questions and statements are true and correct to the best of my knowledge and I hereby authorize ANR Group Inc (hereafter called "The Company") to verify any of the information concerning my employment, education, credit, disciplinary or medical history with the appropriate individuals, companies, institutions, or agencies; and I authorize them to release such information without any obligation to give me notice of such disclosure. I hereby release the Company and all individuals from any liability for any damage whatsoever for issuing this information.

I understand that any misrepresentation or omission of material fact in this application will constitute sufficient grounds for immediate dismissal. I further understand the Company is an employer at will and employment is for no definite period, and my employment and compensation may be terminated at any time for any reason whatsoever, with or without good cause, at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of the agreement are valid and no agent of the Company has the authority to override the presumption of at-will employment.

I understand and agree that I may be obligated to take medical examinations as directed by the Company if the Company believes that physical or mental conditions exist which may impair my performance or safety or the performance or safety of others. I further understand that the Company maintains a drug-free workplace, and I am subject to undergoing drug screening at the Company's expense. If hired, I will be required to read and sign consent to ANR's Substance Abuse Policy.

Employment is conditional upon the results of references, verification of eligibility for employment in the United States, and signing consent with ANR's Policies on Employee Conduct, Business Conduct, Conflict of Interest, and the Employee Confidentiality and Invention Assignment Agreement. I understand and agree that the terms and conditions of employment may be altered by ANR at any time with or without cause or notice.

Signature of Applicant: _____ Date: _____