



2 Campus Boulevard - 1st Floor - Newtown Square, PA 19073

EMPLOYMENT APPLICATION

American Institute of Consumer Studies (AICS) is an equal opportunity employer-

DIRECTIONS

- To complete form online, click inside a fillable section to position cursor.
- Type or print, using blue or black ink
- If you need additional space, attach a supplemental sheet
- Sign the completed application

Please answer each of the following questions completely. If the question is not applicable to you, please indicate that by writing "N/A". This application must be dated and signed in all places where indicated, This application may not be considered if every question is not answered and if it does not contain the required signature.

GENERAL								
NAME (LAST)	(FIRST)	(MIDDLE Initial)	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX- <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					
HAVE YOU USED ANY OTHER NAME? YES NO IF YES, WHAT NAME(s)? _____								
CURRENT STREET ADDRESS	CITY	STATE	ZIP CODE <table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
PRIMARY PHONE () EMAIL ADDRESS _____ HAVE YOU EVER APPLIED FOR A POSITION WITH AICS OR LHK PARTNERS, INC. PREVIOUSLY? YES NO If yes, when? _____	ALTERNATE PHONE () HAVE YOU WORKED FOR AICS OR LHK PARTNERS, INC. PREVIOUSLY? YES _____ IF HIRED, CAN YOU PROVIDE PROOF OF UNITED STATES CITIZENSHIP OR LEGAL RIGHT TO WORK? YES NO							
ARE YOU WILLING TO COMPLETE A BACKGROUND CHECK? YES NO								
ARE YOU AT LEAST 21 YEARS OF AGE OR OLDER? YES NO								

HOW DID YOU BECOME AWARE OF THIS OPENING?

PERSONAL REFERRAL/NAME OF EMPLOYEE _____

PRINT AD/NAME OF PAPER _____

INTERNET/NAME OF WEBSITE _____

OTHER, DESCRIBE _____

DO YOU CURRENTLY HOLD A VALID AUTOMOBILE DRIVER'S LICENSE? YES NO
HAVE YOU HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED WITHIN THE LAST 3 YEARS? YES NO

IF YES, PLEASE DESCRIBE EACH SUSPENSION OR REVOCATION, INCLUDING THE DATE AND THE STATE INVOLVED.

ARE YOU AVAILABLE TO:
WORK NIGHTS YES NO
WORK WEEKENDS YES NO
TRAVEL YES NO

HOW MANY CONSECUTIVE DAYS ARE YOU AVAILABLE TO WORK AWAY FROM HOME ON A TRAVEL ASSIGNMENT?
BY AIR, 14 CONSECUTIVE DAYS YES NO
OVERNIGHT 5 to 7 DAYS

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES NO

ARE YOU ABLE TO WITH OR WITHOUT REASONABLE ACCOMMODATIONS MEET THE FOLLOWING JOB REQUIREMENTS;		
• WORK OUTSIDE IN ALL WEATHER CONDITIONS	YES	NO
• WALK OR STAND FOR SIGNIFICANT PERIODS OF TIME	YES	NO
• CARRY OR HOLD 10-12 LBS ON A CONTINUAL BASIS. LIFT BOXES OF 20-30 LBS ON OCCASION	YES	NO

EMPLOYMENT RECORD: start with most recent employer. account for the last 5 years plus any relevant experience.

START DATE	END DATE	POSITION HELD	STARTING SALARY	ENDING SALARY
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION		MAY WE CONTACT THIS EMPLOYER? YES NO		IF NO, WHY? _____

<u>START DATE</u>	<u>END DATE</u>	<u>POSITION HELD</u>	<u>STARTING SALARY</u>	<u>ENDING SALARY</u>
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
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START DATE	END DATE	POSITION HELD	STARTING SALARY	ENDING SALARY
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
STREET ADDRESS, CITY, STATE, ZIP CODE				PHONE ()
POSITION DESCRIPTION		MAY WE CONTACT THIS EMPLOYER? YES NO		IF NO, WHY? _____

PROFESSIONAL REFERENCES: list only people you have known at least 3 years. Please do not include relatives or friends.

NAME	OCCUPATION	PHONE ()
NAME	OCCUPATION	PHONE ()
NAME	OCCUPATION	PHONE ()

Applicant's Name _____

In completing and signing this application for employment, and any supplements to this application, I understand that any misrepresentation or omission of facts is cause for cancellation of this application or separation from AICS' service if I am employed. I agree that AICS shall not be liable in any respect if my employment is terminated because of the falsity of statements made by me on this application.

I understand further that information concerning my past record may be sought from my previous employers and other sources, and I hereby release from all liability or damages those individuals, corporations, or organizations providing such information. I understand any such information provided shall become the exclusive property of AICS. I understand that any offer is conditional upon the results of such inquiries.

Moreover, I understand that AICS has a smoke-free expectation and that smoking is permitted only in specified outdoor locations. I agree to comply with all aspects of this policy if employed by AICS.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between AICS and me or to provide me with any other benefit. I further understand that nothing contained in any AICS handbook, manual, rule, or regulation, practice, policy, etc. creates an employment contract, expressed or implied, between AICS and me. I agree that if I am employed by AICS, I shall be an employee-at-will, unless different terms are agreed to in writing by an Officer of AICS designated by it for that purpose. I also agree that if I am employed as an employee-at-will, I have the right to terminate my employment without cause and without notice as of any time, and that AICS also has the same right.

If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

The facts set forth in this application are true and correct. I understand that if employed, any false or misleading statements, omissions, or failure to fully answer any questions may result in my dismissal, regardless of when such information is discovered. **This certifies that I am the person to whom AICS forwarded this application, I understand and agree to it, and that all entries made by me are true and correct.**

Applicant's Signature

Date