



Amber Terminal, Inc.
3101 N Sylvania Ave
Fort Worth, TX, 76111
(817) 834-4656

NEW APPLICANT PACKET - PROFESSIONAL ASSISTANT

Please make copies of:

- Driver's License (Front and Back)
- Social Security Card

Thanks,
Michelle & Daniela

TO-DO LIST

- Make copies of everything listed above.
- Read and sign the description of the position you are applying for.
- Fill out the application (pages 1-4)
****SPECIAL NOTE:** Page 3 – Only needs a signature next to the bold “X” if you agree to release your employment information for all employers.**



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Title: Professional Assistant

Essential Job Functions: *Essential functions, as defined under the Americans with Disabilities Act, may include any of the following tasks, knowledge, skills and other characteristics. The list that follows is not intended as a comprehensive list; it is intended to provide a representative summary of the major duties and responsibilities. Incumbent(s) may not be required to perform all duties listed, and may be required to perform additional, position-specific tasks.*

- Answering general queries by telephone, mail, email, or in person.
- Opening and sorting mail and email, shredding confidential information and photocopying documents.
- Operating the company's computerized system and obtaining information from the computer.
- Completing payroll in a timely, accurate manner.
- Writing and dispatching routine, straightforward, and professional letters.
- Receiving payments and making payments to customers/vendors and entering them into QuickBooks
- Completing end-of-month billing and making sure all invoices are paid in a timely manner; may perform collections duties.
- Ordering postage, deposit slips, checks, and other office supplies as needed.
- Making bank deposits and keeping records of what checks and amounts were deposited.
- Keeping the office, records, filing systems, and computer files, clean and tidy.
- Performs clerical duties; prepares and maintains routine records and reports of driving logs.
- Run errands and assist in the operation of the Terminal as needed.
- Reconciling credit card statements.
- Performs other duties as assigned or required.
- Securing the office at the end of each day, changing the AC/Heat back to its designated temperature, and turning off lights.

MINIMUM QUALIFICATIONS

Required Knowledge and Skills

- Extensive computer and math skills.
- Extensive knowledge with QuickBooks, Internet Explorer, Mozilla Firefox, Google Chrome, Microsoft Word, and Microsoft Excel.
- An attention to detail and a high accuracy output.
- Able to take written and verbal instructions, complete reports and forms as required.
- Skill in working within deadlines to complete projects and assignments.
- Skill in establishing and maintaining effective working relations with co-workers, other employees, and the public.
- At least 60 WPM required

Education, Experience, Certification and Licenses:

- High school diploma
- 2-year or 4-year college degree preferred
- 4 years of clerical experience
- 2 years of payroll experience

Environmental Factors and Condition/Physical Requirements:

- May be required to lift and carry items weighing up to 50 pounds.

Pay and benefits: The starting wage will be determined by experience and qualifications. All employees are eligible for holiday pay as soon as they are hired; there are 6 company-paid holidays a year. Forty (40) hours of vacation are available after 1-year of anniversary and reset each year, on an employee's anniversary date.

Print Name

Signature

Date



Application For Employment

Company: Amber Terminal, Inc.
3101 N. Sylvania Ave.
Fort Worth, TX 76111

Date: _____
DL#: _____
DL Type: _____

Name: _____
(First) (Middle) (Maiden, if any) (Last)

Address: _____
(Street) (City) (State) (Zip Code)

Email: _____ Cell: _____

Date of Birth: _____ Social Security #: _____
(If you are hired, you may be required to submit proof of age.) If hired, can you furnish proof you are eligible to work in the US?

Addresses For Past _____
(Street) (City) (State) (Zip Code)

Three Years: _____
(Street) (City) (State) (Zip Code)
(Attach Sheet if More Space is Needed)

Date you can start work: _____ Pay requested: _____

Experience With:

Payroll:	Y or N	Yrs _____
Human Resources:	Y or N	Yrs _____
Quickbooks:	Y or N	Yrs _____
Acct Receivable:	Y or N	Yrs _____
Acct Payable:	Y or N	Yrs _____
Microsoft Excel:	Y or N	Yrs _____
Microsoft Word:	Y or N	Yrs _____
Internet Explorer:	Y or N	Yrs _____
Photoshop:	Y or N	Yrs _____
Microsoft Windows:	Y or N	Yrs _____

WPM: _____
10-Key: _____

Highest Level of Education Completed: _____

EMPLOYMENT HISTORY

Please provide your complete history of employment (no gaps) for the past 10 years. Start with the most recent employer. **WARNING!** Failure to provide this information in a complete and legible manner will prevent your qualification. This form will be returned to you if we do not receive it in a complete and legible state.

Most Recent Employer		
Name	_____	Phone# _____
Address	_____ (Must be complete.)	
Position Held	From _____	To _____
Supervisor	Reason for Leaving _____	
Next Employer		
Name	_____	Phone# _____
Address	_____ (Must be complete.)	
Position Held	From _____	To _____
Supervisor	Reason for Leaving _____	

Employment History continued on Next Page



EMPLOYMENT HISTORY (continued)

Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	
Next Employer		
Name _____	Phone# _____	
Address _____	(Must be complete.)	
Position Held _____	From _____	To _____
Supervisor _____	Reason for Leaving _____	

VERIFICATION OF EMPLOYMENT



Amber Terminal, Inc.
3101 N. Sylvania Ave.
Fort Worth, TX, 76111
Office: 817.834.4656 Fax: 817.834.8077

To: _____

Attn: _____

Applicant: _____

SS#: _____

You are hereby authorized to give this information to Amber Terminal, Inc., regarding my services, character, and conduct while in your employ. Thereby, you are released from any and all liability that may result from furnishing such information.

Applicant's Signature: X

General information as required by FMCSR 49-391.23.

Dates of employment: Start date _____ End date _____

What kind of work did he/she do? _____

Any record of salary garnishments? _____

If employed as driver, specify equipment: _____

Number of accidents _____ Number preventable _____

Was his/her driver's license ever suspended or revoked? _____

Number of on-the-job injuries while in your employ: _____

Reason for leaving your employ. Discharged _____ Laid off _____ Resigned _____

Was his/her general conduct satisfactory? Yes _____ No _____ Other _____

Would you rehire? Yes _____ No _____ Upon review _____ Other _____

Remarks: _____

Company: _____ Phone: _____

Address, City, State, Zip: _____

Name: _____

Signature: _____ Date: _____

Background Applicant Information Form and Release

Allied Compliance Services, Inc. ®

Ph 800-411-6906

Fax 806-748-7096

Please make sure that all information is filled out completely. Any missing information may result in a delay in reporting.

Request for Information:

Dorothy Stephens, Michelle Grisham-Wallace, or Daniela

Company Name: Amber Terminal, Inc. Contact Person: Meza

Contact Phone: (817) 271-3425 OR (817) 838-7760 Contact Fax: (817) 831-7518

E-Mail: diamondrps@sbcglobal.net

Applicant/Subject Information: *Please print all requested information*

Please provide your FULL LEGAL NAME (found on DL, ID, or SS card) plus any alias or maiden name if applicable.

Full Legal Name: *(First, Middle, Last, Suffix)* _____ Home Phone: _____

Maiden Name/Alias: _____

Current Address: _____ City _____ State _____ Zip _____

Previous Address: _____ City _____ State _____ Zip _____

Previous Address: _____ City _____ State _____ Zip _____

Sex: ___ Male ___ Female Race: _____ Ethnicity: ___ Hispanic ___ Non-Hispanic

Hair Color: _____ Eye Color: _____ Height: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Social Security Number: _____ Drivers License Number: _____ State: _____

County/City: _____ County/City: _____

State/County Background Federal Background MVR

Education ___ Employment ___ Credit ___ Reference Check ___

In connection with any application made by me, I understand that investigative background inquiries may be made on me concerning matters of consumer credit, criminal convictions, motor vehicle information, and/or other reports. These reports can include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers, if any. I understand that you may be requesting information from various Federal, State, and other agencies which maintain records concerning past activities relating to my credit, criminal, driving, civil, and other records and experience, including claims involving me, in the files of insurance companies, if any. The information contained above is held strictly confidential and is not given out to unauthorized individuals.

I authorize, without reservation, any party or agency to furnish the above mentioned information and release all parties involved from any liability and/or responsibility for doing so. I hereby consent to any potential employers obtaining such information from DDS and/or any of their agents. This authorization and consent shall be valid in an original, fax, or copy form.

Applicant's Signature: _____ Date: _____