

# Application For Employment

Note: This application was designed for all types of positions. Some questions may not apply to the position you are seeking; we need you to answer ALL questions even though you attach your resume.

## Personal Information

Name:				Date:	
Last	First	Middle	Phone#:		
Address					
Street	Appt.#	City	State	ZIP	
In case of emergency notify:				Phone#:	
Name		Address			

Education	Name and Location of School	Years Attended	Date Graduated	Subjects Studied
High School				
College				
Graduate School				
Trade, Business Correspondence				

## Employment History

Date (Month & Year)	Name & Address of Former Employers	Salary	Position	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				

## Position & Personal History

What position are you applying for?	List any friends or relatives who work here.
Drivers/Chauffeurs license# _____ State _____	Can you travel if the job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on layoff subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any time you will NOT work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and explanation. A conviction will not necessarily disqualify you from employment.
Have you served in the US Military? Service _____ Rank _____	
Are you presently a member of the National Guard or Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What foreign languages do you speak, read, write?	

## Notice to Applicants

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with us depends solely upon your qualifications. We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

## Please Read and Sign Statements Below

I understand and agree that my employment is for no definite period and may, regardless of date of payment of my wages and salary, be terminated at any time without any previous notice and if hired, I will be placed on a 90-day probationary period. I further understand that if I am terminated for unsatisfactory work or for any violation of company policies, the employer may seek to contest any unemployment benefit I might attempt to obtain.

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by the Company with or without notice to me of such amendment, modification or deletion.

I understand and agree that I may be required to undergo blood and/or urinalysis screening for drug and/or alcohol use as part of our pre-employment process.

I hereby certify that all information on this employment application along with any resumes that I have submitted to the Company, and any other related papers and answers given during oral interviews are true and correct. I further understand and agree that the Company may make a thorough investigation of my work and personal history. I authorize the receiving and giving of any information requested by the Company during such investigation. I further understand that falsification of any information given by myself or others during an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal.

Date	Employee Signature
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EMPLOYER USE ONLY	ABCO PAYROLL SERVICES USE ONLY
Employer Remarks:	
Hire Date: _____ Dept.# _____ Position: _____ Pay Rate: _____	Empl oyee# _____
Client# _____ Company Name: _____	W. C. Code: _____