

APPLICATION FOR EMPLOYMENT



PERSONAL INFORMATION Complete *all* applicable information

Name (Full - Last, First, Middle)	
Street Address	
City, State, Zip	
Home Phone	Business Phone
Position(s) applied for	
Are you willing to work ___ Full Time ___ Part Time ___ Temporary ___ Weekends ___ Evenings ___ Nights	
Have you previously been employed by our company? ___ Yes ___ No	When could you start employment?
Are you legally authorized to work in the United States? ___ Yes ___ No	Have you ever applied for employment with our company before? ___ Yes ___ NO

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position		From Mo/Yr	To Mo/Yr
Company Name and Address			
Reason for Leaving	Duties		
Starting salary	Ending Salary	Other (bonus, commission, etc.)	
Name of Supervisor		Title and Department of Supervisor	
May we contact this employer for a reference?		Supervisor Phone Number	
Next Previous Position		From Mo/Yr	To Mo/Yr
Company Name and Address			
Reason for Leaving	Duties		
Starting salary	Ending Salary	Other (bonus, commission, etc.)	
Name of Supervisor		Title and Department of Supervisor	
May we contact this employer for a reference?		Supervisor Phone Number	
Next Previous Position		From Mo/Yr	To Mo/Yr
Company Name and Address			
Reason for Leaving	Duties:		
Starting salary	Ending Salary	Other (bonus, commission, etc.)	
Name of Supervisor		Title and Department of Supervisor	
May we contact this employer for a reference?		Supervisor Phone Number	

EDUCATION

High School (or GED), street address, city, state, zip	Did you get your diploma or GED? ___ Yes ___ NO		
College, street address, city, state, zip	Degree	Major	GPA
College, street address, city, state, zip	Degree	Major	GPA
Graduate School, street address, city, state, zip	Degree	Major	GPA
Other	Degree	Major	GPA

GENERAL

Please mark the box that most closely describes your skill level with the following (if the position you're applying for does not require use of these items, you may skip this section):

	No experience	Beginner	Intermediate	Advanced	Please list any other skills/software packages in which you are proficient	
Typing						
10-Key						
Copier						
Fax						
Computers						
Word						
Excel						
PowerPoint						
Publisher						
Access						

With regard to the position you are applying for, please list any other equipment you can operate, skills you have, or duties you have performed that would be beneficial (for example: MIG or TIG welding, AutoCAD, etc.):

Additional space for comments (if needed).

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause and with or without notice at any time.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any falsified statements on this application or omission of fact on either this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in my employment being terminated.
- I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will upon request, sign all necessary consent forms.
- I hereby authorize the company to request information including but not limited to my previous employment, educational verification, social security verification and other information bearing on my character, general reputation, personal and professional characteristics, and trustworthiness. I hereby release the company, its agents and all entities providing information about me from any and all liability arising out of the requests.

Date	Signature
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AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

In connection with, and duration of my employment (including contract for services) application, I understand that investigative background inquires are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records public and non-public concerning my past activities relating to my driving, credit, landlords, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by **(insert your company name here)** _____ to furnish the above-mentioned information: The Authorization and Release gives your permission to ABT Services, Inc. or its' designated agent or employees to conduct the background investigation on behalf of this company. All information will be proprietary and kept as confidential as practicable. The information obtained by this company will not be provided to any parties other than this company.

I, the undersigned, do hereby certify that the information provided by me in my employment application in verbal discussions relating to my consideration for employment, is true and complete to the best of my knowledge. I hereby authorize, or its designated agent to: (1) investigate the truthfulness of all my statements made on my application or resume, or verbal statements made by me in the interview process; (2) conduct any verification of my education, employment, personal, credit, and motor vehicle records, and to receive any criminal conviction history record information relating to me which may be on file with any local, state, or federal criminal justice agencies; and (3) disclose verbally or in writing the results of any investigation with authorized employees or agents of this company, involved in the hiring , or rental process. Further, I authorize the procurement of any other information, which relates to my background, character, and personal reputation, which may be deemed relevant to my employment, or rental application in accordance with state and federal laws.

I have read and understand this Authorization and Consent. The original, copy or fax of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, landlords, organizations, credit agencies, law enforcement or criminal records agencies, and other agencies to release information about me to this company, or its designated agent, and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

I further release (insert your company name here) _____, ABT Services, Inc., their officers, agents, affiliates, employees and servants form any liability arising from this background investigation. I authorize any party or agency contacted to furnish the above-mentioned information and voluntarily waive all recourse and release the party or agency from liability for complying with this authorization.

Please print all information: *The date of birth is being requested in order to obtain accurate retrieval of records.

Last Name: _____ **First:** _____ **Middle:** _____ **Alias:** _____

Current Address: _____ **How Long:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

California, Minnesota & Oklahoma Applicants Only: Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy directly from Acxiom. California applicants may receive a copy from either the prospective employer or Acxiom.

Notice to CALIFORNIA Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from Acxiom, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which Acxiom has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Acxiom during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

Notice to NEW YORK Applicants

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

_____/_____/_____
Date of Birth* _____-_____-_____
Social Security Number _____
Drivers License # _____
(State) Expiration

Signature: _____, **Date:** ____/____/____