



EMPLOYMENT APPLICATION (OFFICE)

Applied Business Communications is an equal opportunity employer and will consider all applicants for all positions equally, without regard to their race, creed, color, sex, age, religion, national origin, veteran status, or any disability as provided in the Americans With Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. Please type or print clearly and abbreviate as necessary. **If more space is needed, use the back of the page.**

PERSONAL

LAST NAME		FIRST NAME		MIDDLE INITIAL	TODAY'S DATE	
PRESENT STREET ADDRESS				HOME PHONE NO. () -	OTHER PHONE NO. <input type="checkbox"/> CELL () - <input type="checkbox"/> OTHER	
CITY		STATE	ZIP CODE	SOCIAL SECURITY NO.		
YES	NO	Check appropriate box and complete blanks as noted for each question.			YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Are you over 18 years of age?		Are you a citizen of the United States or do you have the legal right to be employed in the United States?		
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? If "YES," state the offense, location, date and disposition: _____ _____		Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? If "NO," please explain: _____ _____		
<input type="checkbox"/>	<input type="checkbox"/>	Do you hold a currently valid driver's license? If "YES," complete the following:		Are you a member of any professional or civic organizations? If so, please list below (exclude those organizations which may disclose your race, color, religion or national origin):		
		DRIVER'S LICENSE NO.	STATE	TYPE/CLAS S		

EMPLOYMENT DESIRED

Are you seeking: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY OR SUMMER EMPLOYMENT						
How did you learn of our company and/or position?						
POSITION APPLYING FOR				PAY DESIRED \$	DATE AVAILABLE TO START	
YES	NO	Check appropriate box and complete blanks as noted for each question.			YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever applied for employment with our company before? If so, complete the following:		Are you now, or do expect to be, working in any other business or job?		
		MONTH & YEAR	LOCATION	Are there any days or hours you would be unable or unwilling to work? If so, specify:		
<input type="checkbox"/>	<input type="checkbox"/>	Do you have special training or skills (e.g., machine operation, languages, etc.)? If "Yes," please list:		Do you hold any current licenses, registrations or certificates related to the job for which you are applying? If so, please list:		

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	% PROGRAM COMPLETED	ATTENDANCE		DEGREE OR DIPLOMA	
				Month & Year			Full / Part Time
				FROM	TO		
Graduate						<input type="checkbox"/> FT <input type="checkbox"/> PT HRS/WK:	
College						<input type="checkbox"/> FT <input type="checkbox"/> PT HRS/WK:	
Business/Trade Technical						<input type="checkbox"/> FT <input type="checkbox"/> PT HRS/WK:	
High School							
Elementary School							

YES	NO	Check appropriate box and complete blanks as noted for each question.				YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Are you planning to pursue further studies? If so, when, where and what course(s)?	Have you completed any other school or specialized training? If so, list:			<input type="checkbox"/>	<input type="checkbox"/>

MILITARY

YES	NO	Check appropriate box and complete blanks as noted.			
<input type="checkbox"/>	<input type="checkbox"/>	Did you serve in the United States Armed Forces? If so, complete the following:			
		BRANCH	DATE ENTERED	DATE SEPARATED	FINAL RANK
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently serving on a part-time basis in the United States Armed Forces? If so, complete the following:			
		BRANCH	DATE ENTERED	DUTY SCHEDULE	RANK

CAPABILITY/RELIABILITY

YES	NO	Check appropriate box and complete blanks as noted for each question.		YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	Would you be willing and able to perform all of the tasks required by the job you are applying for? If not, specify which tasks:	Have you filed any type of fraudulent claim against any of your present or past employers? If so, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Will you abide by the safety rules of this company?	Have you ever been disciplined for violating any company policies and or procedures? If so, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Have you missed any work (or school) in the last two years? If so, estimate total number of days missed:	Have you been late/tardy for work (or school) in the last two years? If so, estimate total number of times late or tardy:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally bound or have you signed a Non-compete document and or clause with your current or recent employer that would interfere with you legally accepting a possible employment offer?	Are you legally bound or do you have any other obligations to anyone else that would interfere with performing your duties and or responsibilities for the position you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>

WORK HISTORY

Please give accurate, complete Full-Time and Part-Time employment record. List employment in consecutive order with your present or most recent employer listed first. (NOTE: If history includes self-employment, give firm name and supply business references.)

1	COMPANY NAME	TELEPHONE NO.
	ADDRESS	EMPLOYED (Give Month and Year) From: To:
	NAME AND TITLE OF SUPERVISOR	WEEKLY PAY Start: Last:
	STATE YOUR JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
	May we contact this Employer?	(Yes) (No) Please Circle

2	COMPANY NAME	TELEPHONE NO.
	ADDRESS	EMPLOYED (Give Month and Year) From: To:
	NAME AND TITLE OF SUPERVISOR	WEEKLY PAY Start: Last:
	STATE YOUR JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
	May we contact this Employer?	(Yes) (No) Please Circle

3	COMPANY NAME	TELEPHONE NO.
	ADDRESS	EMPLOYED (Give Month and Year) From: To:
	NAME AND TITLE OF SUPERVISOR	WEEKLY PAY Start: Last:
	STATE YOUR JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING
	May we contact this Employer?	(Yes) (No) Please Circle

YES	NO	Check appropriate box and complete blanks as noted for each question.		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	If you worked in any of your previous positions under another name, please give that name(s) below: (For reference checking purposes)		Have you ever been disciplined or received verbal or written warning(s) for absenteeism or tardiness? If so, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
		NAME	@ COMPANY			
				Have you ever been fired, or asked to resign, from a job? If so, please explain:	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL SKILLS
What, if any, computer or word processing experience or training do you have?
What, if any, languages do you speak fluently?
Use the space below to describe why you are interested in working for our company and to list those skills and abilities that you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet.

REFERENCES			
Give three references, not relatives or former employers:			
NAME	ADDRESS	PHONE	OCCUPATION

AFFIDAVIT
<p>I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I offer, imply or document any false, misleading or otherwise incorrect statements on this application form or during my interview may be grounds for my immediate discharge.</p> <p>I hereby authorize Applied Business Communications to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy, or any other reason because of their statements.</p> <p>I agree that, if Applied Business Communications, employs me I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in Applied Business Communications, is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the President or Vice President of Applied Business Communications I also understand that my employment is "at-will" and may be terminated by myself or by Applied Business Communications at any time for any reason or no reason at all, with or without prior notice.</p>

APPLICANT'S SIGNATURE	DATE
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COMPANY USE ONLY	
INTERVIEWED BY	
Is the operation of a company vehicle a job requirement? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If "YES," has a request for driver's record been made? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was candidate tested for drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, specify results: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL