

Application for Employment (Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

			Date:	
I. Perso	nal Informat	ion		
Name:	First	Middle	Last	
Present	Address			
Telepho	ne		E-mail address	
must su driver's Failure	ubmit satisf license, bir	actory proof of emp th certificate, Green of such proof within th	of unauthorized alier bloyment authorizatio Card, etc.) within three e required time shall	n and identity (valid a days of being hired.
Positior	Applied Fo	r:		
		ation we would need eck your work record?	about your name or use Please specify:	of another name for
2. Do yo comp		elatives who are prese	ently (or have formerly b	been) employed by this
3. How v	were you refe	erred to us?		

II. Educational History

	School Name/Location / Yea	ars Completed / D	egree/Diplom	а	
Hig	gh School:				
Со	llege:				
Те	ch. Training:				
Ot	her:				
III.	Employment Record (Please include all	employment for tl	he last five ye	ars.)	
1.	Company Name (Current or Most Recen	t Employer)	Employer) Job Description		
	.	_ Dates Employ	ed:		
	Address		From	То	
	Manager / Supervisor	Telephone			
	Reason For Leaving				
2.	Company Name		Job Description	on	
			ed: From		
	Address		From	То	
	Manager / Supervisor	Telephone			
	Reason For Leaving				
3.	Company Name		Job Descriptio	on	
	Address	Dates Employ	ed: From	То	
	,		11011	10	
	Manager / Supervisor	Telephone			
	Reason For Leaving				

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

nployer's Name)	Reason
References (Please do not ir	nclude relatives or former employers.)
Name	Years Known
Address	Telephone
Occupation	
Name	Years Known
Address	Telephone
Occupation	
Name	Years Known
Address	Telephone
Occupation	

1. If your application receives favorable consideration, when will you be available to begin work?

2.	Are you applying for Full Time or Part Time?	()Full	()Part
3.	Do you have any objection to working overtime?	()Yes	() No
4.	Can you work overtime without prior notice?	() Yes	()No
5.	Can you work on Saturday?	() Yes	() No
6.	Can you travel to all ACB locations?	() Yes	() No

Employment Application

VI. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

VII. Agreement

It is our policy to check references as part of our hiring process. This may include contacting your former employers, as well as other business associates. We will ask a series of questions about your work experience, character, education and personality.

After reading this policy, please indicate your agreement by signing in the space provided.

I have read and fully understand the foregoing and voluntarily consent to allow the Organization to check my references. Questions may be asked about my work experience, personality, personal habits and education.

Applicant Signature:

Date:

Received by: _____

Date: