

Date of Application:

Application For Employment

APPLICATION MUST BE COMPLETED IN FULL EVEN IF ATTACHING RESUME

PERSONAL INF	ORMATION							
LAST NAME:	FIRST:	MIDDLE:	POSITION(S) DESIRED:					
STREET ADDRESS:			LOCATION(S) DESIRED:					
CITY:	STATE:	ZIP CODE:	SCHEDULE RESTRICTIONS:					
PRIMARY AND SECONDAR	RY TELEPHONE NUMBER:	DRIVER'S LICENSE NUMBER:						
EMAIL ADDRESS:		SOCIAL SECURITY NUMBER:						
ARE YOU 18 YEARS OR OL	LDER? YES	NO	FULL-TIME PART-TIM	E ON-CALL				
documents will cause ABC In		y to withdraw job offer and tern	now proof of eligibility to work in the United States. ninate an individual's employment. YES	Failure to produce the required NO				
EMPLOYMENT	DESIRED							
ARE YOU EMPLOYED NOW	/?	DATE YOU CAN START:	SALARY DESIRED:	:				
HAVE YOU EVER WORKED	FOR THIS COMPANY BEFORE?	FORE? LOCATION: DATES:						
REASON FOR LEAVING:			NAME OF LAST SUPERVISOR:					
HOW WERE YOU REFERRE	ED? COLLEGE PLACEMENT	SERVICE EMPLOYME	NT AGENCYWALK-INNEWSPAPER:					
	EMPLOYEE REFERRAL:	NAME:	WEBSITE: SPECIFY:					
EMPLOYMENT I	HISTORY: Please list yo	ur last 3 employers, begi	nning with most recent.					
NAME AND ADDRESS OF L	AST EMPLOYER:							
STARTING DATE:			LEAVING DATE:					
POSITION:			RATE OF PAY:					
DUTIES:								
NAME OF SUPERVISOR:			MAY WE CONTACT YOUR SUPERVI	SOR?				
PHONE NUMBER:			REASON FOR LEAVING:					
NAME AND ADDRESS OF L	AST EMPLOYER							
STARTING DATE:			LEAVING DATE:					
POSITION:		RATE OF PAY:						
DUTIES:								
NAME OF SUPERVISOR:		MAY WE CONTACT YOUR SUPERVISOR?						
PHONE NUMBER:			REASON FOR LEAVING:					

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NAME AND ADDRESS OF LAST EMPLOYER										
STARTING DATE:	LE	LEAVING DATE:								
POSITION:					TE OF PAY:					
DUTIES:										
NAME OF SUPERVISOR:	MA	MAY WE CONTACT YOUR SUPERVISOR?								
PHONE NUMBER:					ASON FOR LEA	VING:				
REFERENCES: Please provide 3 names of persons not related to you, whom you have known for at least 1 year										
NAME		ADDRESS		PHONE NUMBER				YEARS KNOWN		
EDUCATION										
SCHOOL LEVEL	NAME	E AND LOCATION OF	NO. OF YEARS		DID YOU GRADUATE?		SUBJECT	S STUDIED DEGREE/MAJOR		
HIGH SCHOOL										
COLLEGE										
TRADE, BUSINESS OR OTHER RELATED SCHOOLS										
	1						l	1		
SERVICE RECORD										
BRANCH OF SERVICE					DISCHARGE DATE/RANK:					
PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES:					DATE OBLIGATION ENDS:					
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO										
A Felony or Misdemeanor conviction record will be looked upon as only one of the factors considered in the employment a decision and evaluated in terms of the nature, severity, the date of the offense and position applying for.										
IF YES, PLEASE EXPLAIN IN DETAIL:										
AUTHORIZATION - READ CAREFULLY BEFORE SIGNING										
A physical examination may be required of all job applicants after a job offer is extended but prior to beginning work, which includes testing for drug and alcohol use, to verify fitness to work. The result of such examination will not be used to disqualify an applicant except to the extent that any disability discovered would, even with reasonable accommodation.										

preclude the safe and adequate performance of the job in question. However, applicants who test positive for illegal drugs or alcohol shall be disqualified from employment.

I hereby affirm that the information on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I also agree that any misstatement, falsified information, or omission deemed significant by ABC Investments & Management Company may disqualify me from further consideration for employment and/or may be considered justification for discharge if discovered after an offer of employment has been extended to me.

I understand that if a job offer is extended, I may be required to successfully pass a background investigation as a condition of employment. I understand that I will be required to sign a consent form for this purpose, and in connection with this investigation, I authorize all persons, schools, companies, corporations and organizations named in this application (and accompanying documents, if any), law enforcement agencies, and credit bureaus to release any information concerning my background, and I hereby release them and ABC Investments & Management Company and its representatives from any and all claims of liability in law and in equity that may arise out of conducting an investigation with respect to the information contained in this application and/or my eligibility for employment, in making any requests relating to same, out of the release and attainment of information regarding same, and for relying on any information received.

I understand that nothing in this application or any other ABC Investments & Management Company document, or an acceptance of employment, creates or is an employment contract between ABC Investments & Management Company and me, and that should I be hired, my employment would be for no fixed duration, and may be terminated by me or ABC Investments & Management Company at any time with or without cause or notice. I understand that no oral or written statement to the contrary, unless contained in a document signed by a Managing Member, shall change this relationship, or should be relied upon by me. I am applying as an "at will" employee.

DATE **SIGNATURE**

> ABC INVESTMENTS & MANAGEMENT COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER COMMITTED TO HIRING A DIVERSE WORKFORCE

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