



Application For Employment

America's Back Office, Inc. and its affiliates is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, marital, or veteran status. Acceptance of this application does not create an obligation for America's Back Office, Inc. to offer you a position.

Client Information

Company Name: _____

Employee's Job Title: _____ Department Code: _____

When did the employee begin working for you? ____ / ____ / ____ Employee's Job Status: Full Time Part Time

Primary Pay Type: Per Hour Annual Salary Commission Other Primary Pay Rate or Salary: \$ _____

Authorizing Signature: _____ Date: _____

ABO Use Only

First Day As ABO Employee: ____ / ____ / ____ Workers' Compensation Code: _____

Employee Information

Name: _____ Social Security Number: ____ / ____ / ____

Street Address: _____

City / State / Zip Code: _____ County: _____

Home Phone: _____ **Email Address:** _____

Emergency Contact: _____ Phone: _____

Please provide the following information if the position you are applying for requires you to drive on company time:

Drivers License Number: _____ State & Expiration Date: _____

Previous Address: _____

Are you at least 18 years of age? Yes No (If no, please provide a work permit)

What position are you applying for? _____

Are any of your relatives/friends presently employed with the company or its divisions? Yes No If yes, name of relative/friend: _____

Have you ever worked for the company or its divisions before? Yes No If yes, where? _____ Approximate date: Mo/Yr: _____

Have you ever applied for the company or its divisions before? Yes No If yes, where? _____ Approximate date: Mo/Yr: _____

Did a relative/friend refer you? Yes No If yes, name of relative/friend: _____

Education

High School: _____ Grade of Completion: _____

City / State / Country: _____

College or Trade School Attended: _____ Degree Diploma

City/ State / Country: _____



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Employment History

Start with present employer and list ALL previous employment (use separate sheet if necessary). Please indicate, if any, which employer(s) you do not wish us to contact:

Current / Most Recent Employer

Company Name: _____ Employed *From:* ____/____/____ *To:* ____/____/____
 Street Address: _____ Position Held: _____
 City / State / Zip Code: _____ Phone Number: _____
 Starting Wage \$ _____ Ending Wage \$ _____
 Supervisor Name & Title: _____
 Reason for leaving: Resigned Discharged Laid Off Other (explain on separate sheet of paper)

Previous Employer

Company Name: _____ Employed *From:* ____/____/____ *To:* ____/____/____
 Street Address: _____ Position Held: _____
 City / State / Zip Code: _____ Phone Number: _____
 Starting Wage \$ _____ Ending Wage \$ _____
 Supervisor Name & Title: _____
 Reason for leaving: Resigned Discharged Laid Off Other (explain on separate sheet of paper)

Previous Employer

Company Name: _____ Employed *From:* ____/____/____ *To:* ____/____/____
 Street Address: _____ Position Held: _____
 City / State / Zip Code: _____ Phone Number: _____
 Starting Wage \$ _____ Ending Wage \$ _____
 Supervisor Name & Title: _____
 Reason for leaving: Resigned Discharged Laid Off Other (explain on separate sheet of paper)

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 Street Address: _____ Position Held: _____
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 Starting Wage \$ _____ Ending Wage \$ _____
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 Street Address: _____ Position Held: _____
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Special Skills
or Training

List any special skills, certificates or training you have received that would benefit the position you are applying for:

Employee
Acknowledgement

Please sign this application after reading the following statements carefully.

- A) The information I have supplied in this application, and statement of accuracy written, is true and accurate. I understand that any misstated, misleading, incomplete, or false information is grounds for rejection of this application, refusal to hire, a withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered.
- B) I hereby authorize ABO, its agent or assigns, to contact my previous employers to request references. Further, I agree to hold ABO and any such previous employer harmless for disclosure and authorize them to release any and all information pertaining to me and my employment.
- C) I understand that the use of this form does not indicate that there are any positions open and does not in any way obligate this company. Further, I understand and agree that if I am hired by this company, unless specifically set forth in writing to the contrary and signed by the President, my employment will be for no definite period, and may, regardless of the date or payment of my wages or salary, be terminated at any time for any reason at the will of the company without any previous notice.
- D) I acknowledge, and where applicable consent to, the following:

ABO may conduct a criminal background, driver license, education, employment history, and professional license verifications, credit investigation, and check my references. ABO reserves the right to amend, change, and/or modify the policies and protocols set forth in its handbook.

Applicant's Printed Name

Date

Applicant's Signature