



ABSTREECARE

Employment Application

Please Print

PERSONAL INFORMATION		
Name:	Date:	
Email:	Phone:	
Address:		
City:	Zip:	State:
Position Desired:		
Can you perform the essential functions of the position for which you are applying? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If no, please explain (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question):		
When would you be available to begin work?		
Are you legally eligible to be employed in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>Proof of identity and eligibility will be required upon employment</i>		
Are you over the age of 18 years? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<i>If no, you may be required to provide authorization to work...</i>		
Have you ever worked for this Company before? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, where:	When (dates):	Job Title:
Do you have any relatives or friends who work for the Company? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, who and where do they work?		
Are you available to work: DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> FULL TIME <input type="checkbox"/>		
If you cannot work full time, please explain:		
Days and Hours Available (If employed, notification must be provided in writing should availability change.)		
Day: Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/>		

From: _____ To: _____

Are you presently employed? YES NO

If yes, may we contact your employer? YES NO

If presently employed, why are you considering leaving?

EDUCATION

Name and location of school:

Type of School: High School College Vocation or Trade School

Course of study:

Number of years completed:

Diploma or degree received:

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying?
YES NO

If yes, please describe:

EMPLOYMENT

Start with your current or most recent position

Name of employer: _____ Phone: _____

Supervisor's Name and Title:

Full Address (Including Street, City, State & Zip):

Dates Employed (Month/Day/Year):

From: _____ To: _____

Describe the Work Performed:

Name of employer:	Phone:
Supervisor's Name and Title:	
Full Address (Including Street, City, State & Zip):	
Dates Employed (Month/Day/Year):	
From:	To:
Describe the Work Performed:	

Name of employer:	Phone:
Supervisor's Name and Title:	
Full Address (Including Street, City, State & Zip):	
Dates Employed (Month/Day/Year):	
From:	To:
Describe the Work Performed:	

Use an additional sheet of paper if more space is necessary.

PERSONAL REFERENCES	
Give three references (not relatives or employers)	
Name:	Occupation:
Full Address (Including Street, City, State & Zip):	

Phone Number:
Name: Occupation:
Full Address (Including Street, City, State & Zip):

Phone Number:

Name: Occupation:

Full Address (Including Street, City, State & Zip):

Phone Number:

DRIVING EXPERIENCE

Do you have a valid driver's license? YES NO

Do you have a CDL? YES NO

How many years has your CDL been active?

Do you have an active medical certification? YES NO

Please list the different drivers licenses you've used including your current license

State	Driver's License Number	Type	Expiration Date

Do you have any driving offenses such as Driving While Intoxicated? YES NO

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO

Has any license, permit, or privilege ever been suspended or revoked? YES NO

Please fill in the table with your accident record for the past five years or more

Date	Nature of Accident (Rear-End, Upset, Etc.)	Injuries	Fatalities

Please fill in the table below with your traffic convictions for the past five years (other than parking violations)

Date	Location	Charge	Penalty

Are you willing to submit to a pre-employment drug screen? YES NO

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed:

Do not write below this line
