

ENGSTROM'S ABC SEAMLESS – APPLICATION FOR EMPLOYMENT



PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL

APPLYING FOR THE POSITION OF: \_\_\_\_\_ DATE AVAILABLE: \_\_\_\_\_

HOW WERE YOU REFERRED TO ABC SEAMLESS? \_\_\_\_\_

WHAT HOURS ARE YOU NOT AVAILABLE TO WORK? \_\_\_\_\_ WHAT DAYS ARE YOU NOT AVAILABLE TO WORK? \_\_\_\_\_

PLEASE INDICATE WHICH TYPES OF EMPLOYMENT INTEREST YOU (CHECK MORE THAN ON BLOCK IF YOU WISH)

- PERMANENT (FULL TIME)       TEMPORARY (FULL TIME) UNTIL \_\_\_\_\_  
 PERMANENT (PART TIME)       TEMPORARY (PART TIME) UNTIL \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
 STREET NUMBER      CITY      STATE      ZIP

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

ARE YOU AT LEAST 18 YEARS OF AGE AND UNDER 65?       YES       NO

ARE YOU A U.S. CITIZEN OR DO YOU HAVE AN ENTRY PERMIT WHICH ALLOWS YOU TO WORK?       YES       NO

HIGHEST GRADE OR YEAR COMPLETED IN SCHOOL	DO YOU HAVE A GED EQUIVALENCY?	NAME AND LOCATION OF HIGH SCHOOL:
1 2 3 4 5 6 7 8 9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	

TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or any other schools you have attended.) Under credits earned, indicate Q for Quarter Credits and S for Semester Credits.

NUMBER OF YEARS IN COLLEGE OR UNIVERSITY:

1 2 3 4 5 6 7 8 9+

NAME AND LOCATION	DATES ATTENDED	CREDITS EARNED	MAJOR FIELD	GPA	DEGREE/YEAR ACQUIRED

DESCRIBE ANY EDUCATION OR TRAINING YOU HAVE HAD WHICH IS NOT COVERED ABOVE, SUCH AS VOCATIONAL SCHOOL, CORRESPONDENCE COURSES, SERVICE SCHOOLS, IN-SERVICE TRAINING, OR VOLUNTEER WORK WHICH YOU FEEL IS RELEVANT TO THE JOB OR JOBS FOR WHICH YOU ARE APPLYING. ALSO INCLUDE RELEVANT LICENSES OR CERTIFICATES. (BE SPECIFIC):

FOR SOME POSITIONS, IT MAY BE REQUIRED THAT EMPLOYEES POSSESS CERTAIN PHYSICAL CAPABILITIES. CHECK THE APPROPRIATE BOXES BELOW WHICH YOU FEEL REFLECT THE PHYSICAL ACTIVITIES IN WHICH YOU CAN ROUTINELY ENGAGE WITHOUT HARM TO YOURSELF OR FELLOW EMPLOYEES. PLEASE BE ASSURED THAT A NEGATIVE ANSWER WILL NOT DISQUALIFY YOU FROM CONSIDERATION

- LIFTING:       25 LBS. OR LESS       50 LBS.       75 LBS.       100 LBS. OR MORE  
 DO YOU HAVE DIFFICULTY:      BENDING OR STOOPING:       YES       NO      STANDING FOR LONG PERIODS OF TIME:       YES       NO  
    CLIMBING:       YES       NO      WORKING IN TEMPERATURE EXTREMES:       YES       NO

LIST ANY PHYSICAL LIMITATIONS WHICH YOU FEEL MAY RELATE TO THE WORK FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

DO YOU HAVE ACCESS TO A CAR? (For some positions, a vehicle is required): \_\_\_\_\_ DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OR LAW OTHER THAN MINOR TRAFFIC VIOLATIONS?       YES       NO

IF SO, WHAT HAVE YOU BEEN CONVICTED OF, WHEN AND WHERE? \_\_\_\_\_

IF THERE ARE EXTENUATING CIRCUMSTANCES OF WHICH WE SHOULD BE AWARE, PLEASE STATE ON AN ATTACHED SHEET (Existence of a criminal record does not constitute an automatic bar to employment)

COMPANY NAME	KIND OF BUSINESS	LOCATION (CITY & STATE)	
JOB TITLE	REASON FOR LEAVING	NAME/ADDRESS/PHONE OF SUPERVISOR	
JOB DUTIES		TOTAL TIME EMPLOYED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time FROM (mo/yr)                                      TO (mo/yr)	
		MONTHLY SALARY Beginning: \$                                      Ending: \$	
		COMPANY NAME	
		KIND OF BUSINESS	
JOB TITLE		NAME/ADDRESS/PHONE OF SUPERVISOR	
JOB DUTIES		TOTAL TIME EMPLOYED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time FROM (mo/yr)                                      TO (mo/yr)	
		MONTHLY SALARY Beginning: \$                                      Ending: \$	
COMPANY NAME		LOCATION (CITY & STATE)	
JOB TITLE		NAME/ADDRESS/PHONE OF SUPERVISOR	
JOB DUTIES		TOTAL TIME EMPLOYED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time FROM (mo/yr)                                      TO (mo/yr)	
		MONTHLY SALARY Beginning: \$                                      Ending: \$	
COMPANY NAME		LOCATION (CITY & STATE)	
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		MONTHLY SALARY Beginning: \$                                      Ending: \$	
COMPANY NAME		LOCATION (CITY & STATE)	
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JOB DUTIES		TOTAL TIME EMPLOYED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time FROM (mo/yr)                                      TO (mo/yr)	
		MONTHLY SALARY Beginning: \$                                      Ending: \$	

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER?     YES                       NO

PERSONAL REFERENCES:

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

LIST ANY ORGANIZATION TO WHICH YOU BELONG AND ANY HONORS OR AWARDS YOU HAVE RECEIVED THAT YOU REGARD AS RELEVANT TO THE JOB OR JOBS FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_