# BELVILLE ABC # 132 EMPLOYEE INFORMATION

NAME:				DATE	
	First	Middle	Las	DATE: t	
Address:	M-W				
	Mailing	Y	С	ity/State/zip	
P.O. Box:	(If available)				
	(II available)				
Phone #:_			S.S	6. #:	
				Martial Status:	
NAME OF	SPOUSE:				
Employee	's Signature:				
Date Hired	I		_		
Date Term	ninated:		_		

### PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

PPLICATION FO	REMPLOYMENT	

		,			
DO YOU HAVE A DRIVER'S LICENSE? Yes	_ No				
What is your means of transportation to work?					
Driver's license number State o	f issue		Operator Com	mercial (CDL	)Chauffeur
Expiration date					
Have you had any accidents during the past three yell Have you had any moving violations during the past to		3?		nany?	
	OFFIC	EONLY			
Yes Typing No WPM  PersonalYes PC		Yes No	Word · Processing	Yes No	WPM
Computer No Mac					
Please list two references other than relatives or prev					•
Name		Name		<del></del>	
Position		Position		<i></i>	
Company		Company	*		
Address	-	Address			
			-		
Telephone ( )	- 7.50	Telephon	e <u>( )</u>		
An application form sometimes makes it difficult for a space below to summarize any additional information which you are applying.	n necessar	ry to descrit	be your full qualificatio	nplete backgr ns for the spe	round. Use the ecific position for
which you are applying.			4		
e					
h					
	•				
			*		
				(b)	

## PLEASE PRINT ALL INFORMATION REQUEST EX

INFORMATION REQUESTED EXCEPT SIGNATURE			
APPLIC	CATION FOR EMPLO	YMENT	
	MILITARY		
HAVE YOU EVER BEEN IN THE ARMED FORCES	?Yes	_ No	
ARE YOU NOW A MEMBER OF THE NATIONAL G	UARD?	_YesNo	
Specialty	Date Entered		Discharge Date

Specialty	Date	Entered	Discharge Date		
Work Experience	Please list your work experience for the p	ast five years beginning. Attach additional sh	g with your most recent j	ob held.	
					•
Name of emple	21/07	Name of last	Feedless		•

Name of employer Address	nor area	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			From	Start
	o ler		То	Final
		Your last job title		
Reason for leaving (be specific)				
	and state and a law at			
	ormed, skills used or learned	, advancements or pr	romotions while you wo	orked at this
	ormed, skills used or learned	, advancements or pr	romotions while you wo	orked at this
List the jobs you held, duties perf company.	ormed, skills used or learned	, advancements or pr	romotions while you wo	rked at this
	ormed, skills used or learned	, advancements or pr		rked at this

Name of employer Address		Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number			From	Start
	20		То	Final
	- 201	Your Last Job Title	• "	
Second for localing (he expeditio)				

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

#### APPLICATION FOR EMPLOYMENT

	^'	T EIGHTIGHT GIT			
Work experience	Please list your work experiently you were self-employed, giv	re firm name. Atta	e years beginning v ch additional shee	vith your most recent j	ob held.
Name of emplo	yer		Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number				From	Start
				То	Final
			Your last job title		
Reason for lea	ving (be specific)				
List the jobs yo company.	ou held, duties performed, skills	used or learned, a	dvancements or pro	motions while you wo	red at this
Name of emp	loyer		Name of last supervisor	Employment dates	Pay or salary
Address City, State, Z	ip Code			From	Start
Phone number	er			То	Final
			Your last job title		
Decem for it	eaving (be specific)				
List the jobs company.	you held, duties performed, skil	is used or learned	advancements or p	romotions while you v	vorked at this
May we cor	ntact your present employer?	YesNo			
	nplete this application yourself				
if not, who	did?				

# AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Belville ABC creates an actual or implied contract of employment. I understand that, if I accept employment with Belville ABC, it will be on an at-will basis. This means that either Belville ABC or I have the right to terminate the employment at any time for any reason, with or without cause.

I agree to submit to drug and alcohol testing, if requested by Belville ABC. I release Belville ABC and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Belville ABC to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Belville ABC and its employees from all liability arising from such investigation.

Signature of applicant	Date
appirous	

Belville ABC is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Belville ABC depends solely on your qualifications.