



A.B.M.C.

Application For Employment

Personal Information

Date

Social Security Number

Name

Last

First

Middle

Present Address

Street

City

State

Zip Code

Permanent Address

Street

City

State

Zip Code

Phone Number

Home

Cell

If Related to Anyone in Our Employ.
State Name and Department

Referred By

Are there any limitations for Performing Your Required Duties?

Employment Desired

Position

Date You Can Start

Salary Desired

Are You Employed Now?

Yes
 No

If So May We Inquire of Your Present Employer

Ever Applied to A.B.M.C. Before?

Yes
 No

Where

When

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are 40 years of age or older.

Education

| | Name and Location of School | Did You Graduate | Subjects Studied |
|---|-----------------------------|---|------------------|
| Grammar School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trade Business or Correspondence School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

What Foreign Languages Do You Speak Fluently

Read

Write

Activities (Civic, Athletic, Etc.)

(Exclude Organizations, the Name of Character of Which Indicates the Race, Creed, Sex, Marital Status, Age, Color or National Origin of its Members)

Former Employers

(List Below Last Four Employers, Starting With Last One First)

| Date Month and Year | Name and Address of Employer | Salary | Position | Reason for Leaving |
|------------------------|------------------------------|--------|----------|--------------------|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

References

Give Below the Names of Three Persons not Related to You, Whom You Have Known at Least One Year

| Name | Telephone Number | Business | Years Acquainted |
|------|---------------------|----------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

In Case of Emergency Notify

Name

Address

Phone No.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date

Signature

Do Not Write Below This Line

Interviewed By

Date

Remarks:

Neatness

Ability

Hired

For Dept

Position

Will Report

Salary/Wages

Approved 1.

2.

3.

Employment Manager

Dept. Head

General Manager



A.B.M.C.

Background Check Authorization

I _____ have never been convicted of any crime.

If we find that this is untrue you will be terminated immediately.

Please fill in the following as it gives A.B.M.C. authorization to run a background check.

Social security number _____

INS Number (if applicable) _____

Date of Birth _____

Place of Birth _____

There is a one time cost to run your background check and once you pass and we offer you a position the cost will be deducted from your first paycheck. Please sign below for acknowledgment.

Signature _____ Date _____

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with ABMC, or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from Info Link Screening Services, Inc. (herein: "Info Link") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Pre-Employment Evaluation Report or Equifax Credit Report for Employment may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, COLLECTION AGENCY, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the Fair Credit Reporting Act and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Info Link's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification.

I understand that Info Link is a Consumer Reporting Agency and it is Info Link's policy to not be involved in or make hiring decisions or recommendations; however Info Link will provide a written explanation of any coded information contained in my file. Info Link's privacy policy limits the information it provides to the Subscriber named herein, however I hereby authorize the Subscriber to share such information with parties in interest who have a "need to know" such information to protect them and their employees. Such information may include names and dates of other Subscriber inquiries to Info Link. Info Link does not sell or otherwise provide any of the information found in its background investigations to any other party.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the subscriber, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered

Print last name _____ Print first name _____ Middle initial _____

Home address _____ City _____ State _____ COUNTY _____ Zip _____

Social Security # _____ Drivers License # & State issued _____


Email address _____ For ID give Date of Birth (only month and day) ____/____/____

Have you used other names and Social Security #' If you answered yes please provide below:

Other Names Used _____ Please List Other SS Number Used _____

Signature _____ DATE _____

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report. I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me: Yes, please send me a copy of my Report

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|  | 9201 Oakdale Avenue, Suite 100, Chatsworth, CA 91311-6520 PHN: (818) 990-HIRE ♦ (800) 990-HIRE ♦ FAX: (818) 709-2345 | © 1995-2003 Info Link All Rights Reserved (8/03) (SVC6812) |
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