

ADVANCED

BUSINESS EQUIPMENT

Please email completed application to careers@abecarolina.com
or fax completed application to 828.277.8140

*Advanced Business Equipment does not discriminate in hiring or employment on the basis of race, color, sex, religion, genetic information, disability, national origin, citizenship, military status, or on the basis of age with respect to persons 18 years or older. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. Advanced Business Equipment **intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **thirty (30) days**. If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to request in writing that the company reactivate your application for another thirty days.*

Name _____
Last First Middle

Present address Number Street City State Zip

Telephone (____) _____ Email address _____

Are you under age 18 Yes ___ No ___ Position applied for _____

When are you available to start work? _____

How did you hear about the position? _____

Have you ever filed an application with us before? Yes ___ No ___ If yes, give date _____

Have you ever been employed with us before? Yes ___ No ___ If yes, give date _____

Are you currently employed? Yes ___ No ___

Do any of your friends or relatives work here? Yes ___ No ___ If yes, please identify _____

Military Branch of Service _____

Duties in the service, including schools and training _____

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Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job for which you are applying? Yes _____ No _____ (A conviction record will not necessarily disqualify you from employment.)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

Education

| TYPE OF SCHOOL | Name of School | Location | Number of years attended | Major & Degree |
|---------------------------------|----------------|----------|--------------------------|----------------|
| High School | | | | |
| College | | | | |
| Business or Trade School | | | | |
| Professional School | | | | |

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant.

Please list two references other than relatives

| | |
|----------------------|----------------------|
| Name | Name |
| Position | Position |
| Company | Company |
| Address | Address |
| Telephone () | Telephone () |

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Please list your work experience for the past **seven years** beginning with your most recent job held. If you were self-employed, give firm name. If you were unemployed, please note any breaks in employment. Attach additional sheets if necessary.

| Name of Employer | Employment Dates |
|--|-------------------------|
| Address | From: |
| City, State, Zip | To: |
| | |
| Name of last Supervisor | Pay or Salary |
| Your last job title | Start: |
| | Final: |
| Reason for leaving (be specific) | |
| | |
| May we contact your present employer? Yes _____ No _____ | |

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

- 1) _____
- 2) _____
- 3) _____

| Name of Employer | Employment Dates |
|----------------------------------|-------------------------|
| Address | From: |
| City, State, Zip | To: |
| | |
| Name of last Supervisor | Pay or Salary |
| Your last job title | Start: |
| | Final: |
| Reason for leaving (be specific) | |
| | |

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

- 1) _____
- 2) _____
- 3) _____

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APPLICATION FORM WAIVER - PLEASE READ CAREFULLY

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by Advanced Business Equipment, (hereinafter called "the Company") I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, _____ or to confer any right to remain an employee Advanced Business Equipment, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, _____ and that relationship cannot be altered except by a written instrument signed by the Owner/Managing Member of the Company. _____ Both the undersigned and Advanced Business Equipment may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. _____ I understand that the misrepresentation or omission of acts called for is cause for dismissal at any time without any previous notice. _____ I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. _____ Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. _____

I further understand that my employment with the Company shall be probationary for a period of one hundred eighty (180) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of Applicant _____ **Date** _____

Advanced Business Equipment is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Advanced Business Equipment depends solely on your qualifications. Thank you for completing this application form and for your interest in our business.

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N.C. CONTROLLED SUBSTANCE EXAMINATION REGULATION ACT INITIAL NOTICE TO EMPLOYEES/APPLICANT

In accordance with our company policy, you have been selected for a pre-hire controlled substance test. In accordance with 13 NCAC 20.0401, this Notice explains your rights and responsibilities under the N.C. Controlled Substance Examination Regulation Act ("CSERA") (Chapter 95, Article 20 of the N.C. General Statutes) and the corresponding administrative rules (Title 13, Chapter 20 of the N.C. Administrative Code).

- You may refuse this test; however, your job or employment opportunity may be in jeopardy.
- Employers may collect samples from both applicants and current employees on site.
- Employers may screen samples from applicants using a "Single-Use" Device or "Quick Test". However, all screening of samples for current employees will be conducted by and approved laboratory.
- For applicants, any positive results must be confirmed by an approved lab using gas chromatography with mass spectrometry (GS/MS) or equivalent scientifically accepted method unless the applicant signs a written waiver at the time or after the preliminary test result.
- For current employees any positive results must be confirmed by an approved lab using gas chromatography with mass spectrometry (GS/MS) or equivalent scientifically accepted method.
- Both applicants and current employees can request a "re-test" of any positive sample that has been confirmed by an approved laboratory. The re-test can be conducted by the same or another approved laboratory. All re-tests must be the same sample and must be paid for by the applicant or current employee.
- Results of controlled substance examinations, medical histories and use of lawful prescription drugs must be confidential by the employer.
- You can file a complaint with the N.C. Department of Labor -Wage and Hour Bureau at (919) 807-2796 or 1-800-NC-LABOR if you believe procedural requirements of the CSERA were violated. The Department has no jurisdiction regarding an employer's requirement for controlled substance testing or its decisions regarding results of controlled substance testing.

Employee/Applicant

Date

Employer Representative

Title

Disclaimer: The foregoing information is presented solely for the convenience of the reader and is not intended to replace any official source. Under no circumstances shall the Department of Labor be liable for any actions taken or omissions made from reliance on any information contained herein.