

# ADVANCED

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## BUSINESS EQUIPMENT

Please email completed application to [afisher@abecarolina.com](mailto:afisher@abecarolina.com) or fax completed application to 828.274.7015

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*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.*

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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:

Newspaper \_\_\_\_ ESC \_\_\_\_ Internet \_\_\_\_ Referred by \_\_\_\_\_

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.

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**Education**

TYPE OF SCHOOL	Name of School	Location	Number of years attended	Major & Degree
<b>High School</b>				
<b>College</b>				
<b>Business or Trade School</b>				
<b>Professional School</b>				

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.

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**Please list two references other than relatives**

Name	Name
Position	Position
Company	Company
Address	Address
Telephone (    )	Telephone (    )

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## BUSINESS EQUIPMENT

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. Attach additional sheets if necessary.

<b>Name of Employer</b>	<b>Employment Dates</b>
Street	From:
City, State, Zip	To:
Name of last Supervisor	<b>Pay or Salary</b>
Your last job title	Start: <span style="float: right;">Final:</span>
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) \_\_\_\_\_

<b>Name of Employer</b>	<b>Employment Dates</b>
Street	From:
City, State, Zip	To:
Name of last Supervisor	<b>Pay or Salary</b>
Your last job title	Start: <span style="float: right;">Final:</span>
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) \_\_\_\_\_

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## BUSINESS EQUIPMENT

Continue work experience for the past **seven years** beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer	Employment Dates
Street	From:
City, State, Zip	To:
Name of last Supervisor	<b>Pay or Salary</b>
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
Street	From:
City, State, Zip	To:
Name of last Supervisor	<b>Pay or Salary</b>
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) \_\_\_\_\_

**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** \_\_\_\_\_

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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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BUSINESS EQUIPMENT

## Driving Record Authorization Form for Potential and Current Employees

Advanced Business Equipment, Inc. is committed to providing a safe work environment for all employees and contractors. When workers perform unsafe or practice unsafe driving habits, they become a safety hazard to themselves and others in the workplace.

As a condition for my being considered for, or continuing employment, I understand and agree to have my driving record information examined. Also, I understand that my driving record information may be obtained, and re-checked as needed, and I may be required at any time, to submit to further testing whether random, or as a result of incident or accident.

I hereby authorize any insurance agent or representative retained by Advanced Business Equipment, Inc. to conduct such screening of my driving record, and to provide the results to Advanced Business Equipment Inc., and I release Advanced Business Equipment, Inc. and any person affiliated with Advanced Business Equipment, Inc. and any such institution or person conducting the screening, from liability therefore.

Do you have a Driver's License? Yes      No

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had any accidents during the past three years? Yes / No \_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? Yes / No \_\_\_\_ How many? \_\_\_\_\_

Signature \_\_\_\_\_

Name (First, Last) \_\_\_\_\_

Date \_\_\_\_\_

## 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

\_\_\_\_\_  
Title

\_\_\_\_\_  
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

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### CONFIDENTIAL

#### Background Check Authorization

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **Advanced Business Equipment** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to, the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Print Name \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used

\_\_\_\_\_  
(First) (Middle) (Last)

**Current Address Since:** (Mo/Yr) \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State) (ZIP)

**Previous Address Since:** (Mo/Yr) \_\_\_\_\_

\_\_\_\_\_  
(Street) (City) (State) (ZIP)

Social Security Number \_\_\_\_\_ DOB (MM/DD/YY) \_\_\_\_\_

Telephone Number \_\_\_\_\_ Driver's License #/State \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax your completed application to 828.274.7015 or email to [afisher@abecarolina.com](mailto:afisher@abecarolina.com)