

ATLANTIC BINGO SUPPLY, INC.

APPLICATION FOR EMPLOYMENT

P E R S O N A L	LAST NAME	FIRST	MIDDLE	DATE
	STREET ADDRESS			HOME TELEPHONE ()
	CITY / STATE / ZIP			BUSINESS TELEPHONE ()
	HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? ____ YES ____ NO IF YES, MONTH AND YEAR _____			SOCIAL SECURITY NUMBER
	POSITION DESIRED			PAY EXPECTED
	APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE, ARE YOU AVAILABLE FOR FULL-TIME WORK? ____ YES ____ NO IF NOT, WHAT HOURS CAN YOU WORK?			WILL YOU WORK OVERTIME IF ASKED?
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? ____ YES ____ NO			WHEN WILL YOU BE AVAILABLE FOR WORK?
	OTHER SPECIAL TRAINING OR SKILLS [LANGUAGES, MACHINE OPERATION, ETC]			

E D U C A T I O N	SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	GRADUATE					
	COLLEGE					
	BUSINESS					
	TRADE					
	TECHNICAL					
	HIGH SCHOOL					
	ELEMENTARY					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

[You may exclude those which may disclose your race, color, religion or national origin.]

Prospective employess will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

1	COMPANY NAME	TELEPHONE ()
	ADDRESS	EMPLOYED [STATE MONTH AND YEAR] FROM _____ TO _____
	NAME OF SUPERVISOR	WEEKLY PAY START _____ LAST _____
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES:	REASON FOR LEAVING

2	COMPANY NAME	TELEPHONE ()
	ADDRESS	EMPLOYED [STATE MONTH AND YEAR] FROM _____ TO _____
	NAME OF SUPERVISOR	WEEKLY PAY START _____ LAST _____
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES:	REASON FOR LEAVING

3	COMPANY NAME	TELEPHONE ()
	ADDRESS	EMPLOYED [STATE MONTH AND YEAR] FROM _____ TO _____
	NAME OF SUPERVISOR	WEEKLY PAY START _____ LAST _____
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES:	REASON FOR LEAVING

4	COMPANY NAME	TELEPHONE ()
	ADDRESS	EMPLOYED [STATE MONTH AND YEAR] FROM _____ TO _____
	NAME OF SUPERVISOR	WEEKLY PAY START _____ LAST _____
	STATE JOB TITLE AND DESCRIBE YOUR DUTIES:	REASON FOR LEAVING

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.	DO NOT CONTACT
	EMPLOYER NUMBER(S): _____ REASON: _____

MILITARY	DID YOU SERVE IN THE U.S. ARMED FORCES?	IF "YES", IN WHAT BRANCH?
	____ YES ____ NO	_____

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED.

If we have checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most states also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based on ancestry, marital status and sexual preference.

WHAT WAS YOUR PREVIOUS ADDRESS?

ARE YOU OVER 18 YEARS OF AGE?

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____ YES ____ NO

IF "NO", EMPLOYMENT IS SUBJECT TO VERIFICATION OF AGE.

HAVE YOU EVER BEEN BONDED?

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____ YES ____ NO

IF "YES", WITH WHAT EMPLOYERS? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR OTHER SERIOUS OFFENSE (OTHER THAN A MINOR TRAFFIC VIOLATION)?

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____ YES ____ NO

IF "YES", DESCRIBE IN FULL. _____

STATE NAMES OF RELATIVES AND FRIENDS WORKING FOR ATLANTIC BINGO SUPPLY, INC.

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ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT ACCOMMODATIONS?

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____ YES ____ NO

IF "NO", DESCRIBE IN FULL. _____

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ATLANTIC BINGO SUPPLY, INC. TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, EDUCATIONAL, FINANCIAL OR MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY FOR AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

IN THE EVENT I AM EMPLOYED, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEWS MAY RESULT IN DISCHARGE.

SIGNATURE OF APPLICANT

DATE

ATLANTIC BINGO SUPPLY, INC.

1700 MIDWAY ROAD ODENTON, MD. 21113

AUTHORIZATION AND RELEASE

In conjunction with my application for, or continued employment with Atlantic Bingo Supply, Inc. [including contract for services], I understand that investigative background inquiries may be made on me including consumer credit, criminal convictions, motor vehicle and other reports. In this regard, I understand that Atlantic Bingo Supply, Inc. may be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences.

I authorize without reservation, any party or agency contacted by Atlantic Bingo Supply, Inc. to furnish the above-mentioned information. I also agree that a fax or photocopy of this authorization with my signature may be accepted with the same authority as the original.

I hereby consent to Atlantic Bingo Supply, Inc. obtaining the above information from Hire Check, Inc. and/or any like investigative agents. I understand to aid in the proper identification of my file or records, the following information, as well as other information, is necessary.

Name [print]		Soc Sec #
Current Address		Date of Birth
Current City / State / Zip	County	Drivers License # / State
Previous Address		Check here if you have never been issued a license. <input type="checkbox"/>
Previous / City / State / Zip	County	

Employee/Applicant Name [please print]

Atlantic Bingo Supply Representative

Employee/Applicant Signature

Date

ATLANTIC BINGO SUPPLY, INC.

1700 MIDWAY ROAD ODENTON, MD. 21113

AUTHORIZATION FOR DRUG AND/OR ALCOHOL TESTING & RELEASE OF RESULTS

I, _____ [applicant] hereby consent to Atlantic Bingo Supply, Inc. having the option to request that I undergo a urine, hair and/or breathalyzer test for the presence of drugs and/or alcohol in my system by a medical representative of Atlantic Bingo Supply, Inc.'s choosing. I further understand that my refusal to undergo such testing will be acted upon by Atlantic Bingo Supply, Inc. in a manner deemed appropriate.

I understand that the medical representative will not be operating under the normal doctor/patient relationship, and I hereby authorize the results of the testing to be revealed to the specified Atlantic Bingo Supply, Inc. representative[s]. I release Atlantic Bingo Supply, Inc. and any individual involved in performing the test and/or analysis of the test of any claim or liability.

I understand that if my employment terminates after my first full day of employment but prior to 90 days of employment for any reason, either [1] voluntary or [2] involuntary, consistent with the Employee Handbook and/or operating practices of the Company, I am responsible for paying the cost of the pre-employment drug test.

Applicant Name [please print]

Applicant Signature

Date