

CURRENT AND FORMER EMPLOYERS: (Most Recent One First)

DATE MONTH / YEAR	NAME, ADDRESS AND TELEPHONE NO. OF EMPLOYER	SALARY: STARTING / ENDING	LAST POSITION HELD / RESPONSIBILITIES	REASON FOR LEAVING
From: <input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/>		Starting: <input type="text"/>	<i>(position)</i>	
To: <input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/>		Ending: <input type="text"/>	<i>(responsibilities)</i>	
From: <input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/>		Starting: <input type="text"/>	<i>(position)</i>	
To: <input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/>		Ending: <input type="text"/>	<i>(responsibilities)</i>	
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Starting: <input type="text"/>	<i>(position)</i>	
To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Ending: <input type="text"/>	<i>(responsibilities)</i>	
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Starting: <input type="text"/>	<i>(position)</i>	
To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Ending: <input type="text"/>	<i>(responsibilities)</i>	
From: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Starting: <input type="text"/>	<i>(position)</i>	
To: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Ending: <input type="text"/>	<i>(responsibilities)</i>	

May we contact the employers listed? Yes No

If not, which ones? _____

Please read the following statement carefully before signing to indicate your understanding:

I understand that prior to being offered employment, I may be requested to take an employment examination. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted*, to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give you.

To perform the essential functions of the job of an associate at AccuServe Corporation, one must possess the ability to:

- lift and carry up to 40 pounds a distance of approximately 30 feet
- perform repetitive hand and arm movements
- perform inspection tasks while seated
- perform inspection tasks while standing
- continue to see defects on parts used in the initial sort vision test

I affirm that there is nothing that would prevent me from performing the essential function of the job that are listed above.

I understand that steel toe shoes are a requirement of employment at AccuServe. Protective toe caps may be worn the first five days of employment.

Check one: Already have steel toe shoes Will acquire before 40 hours worked

Date _____ Signature _____

*Employers specifically excepted: _____

For Employer Use Only

Interviewed By: _____ Date: _____ Hired? Yes No

Starting Date: _____ Position: _____ Wage: _____