

Abundant Life Assistant Services Inc

Employment Application

Personal Information

Name (Last, First, Middle): _____ Date: _____

Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Date of Birth: _____

Emergency Contact Name: _____ Phone: _____

List handicaps or ailments that would prevent you from performing on the job duties:

List days absent in the past two years due to illness: _____

Have you ever had an industrial accident or occupational disease? _____

Have you ever abused drugs and or alcohol? _____

Would you agree to be bonded? _____ Do you have your own liability insurance? _____

Position you are applying for: _____

Title: _____ Salary Requirement: _____

Referred by: _____ Date you can start: _____

Education Record

High School (Name, City, State): _____

Graduation Date: _____

Business or Technical School (Name, City, State): _____

Dates Attended: _____ Degree Earned: _____

Undergraduate College (Name, City, State): _____

Dates Attended: _____ Degree Major _____

Graduate

School: _____

Dates Attended: _____ Degree, Subject: _____

Work History (give information about your last three jobs, starting with the most recent)

1. Employer: _____ Dates Employed: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Ending Salary: _____

Title/Duties: _____

Manager's Name and Title: _____

Reason for Leaving: _____

2. Employer : _____ Dates Employed: _____
Address: _____
City: _____ State: _____
Zip: _____
Phone: _____ Ending Salary: _____
Title/Duties: _____
Manager's Name and Title: _____
Reason for Leaving: _____

3. Employer: _____ Dates Employed: _____
Address: _____
City: _____ State: _____
Zip: _____
Phone: _____ Ending Salary: _____
Title /Duties: _____
Manager's Name and Title: _____
Reason For
Leaving: _____

Business References
(if applying for your first job, you may use academic references)

1. Name: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship to you: _____

2. Name: _____
Work Phone: _____ Home Phone: _____
Address: _____
City: _____ State: _____ Zip: _____

Relationship to you: _____

3. Name:

Work Phone: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to you: _____

Please Read and Sign

I certify that all information provided by me in this application is true and accurate. I understand that any falsification or misinterpretation may result in termination of employment even if the job offer is extended. I understand and permit **ALAS Inc** to conduct necessary investigation on me to determine my eligibility of employment.

ALAS Inc is an equal opportunity employer. It employs without regard to race, age, color, religion, sex, or national origin.

Signature

Date

**10800 Alpharetta Hwy Suite 208-713
Roswell, Ga 30076**

Phone: **678 319 0307**
Fax: **678 319 0308**