



13430 NORTH BLACK CANYON HIGHWAY #100
PHOENIX, AZ 85029
602-943-9200
FAX 602-216-3000

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT APPLICATION

DATE OF APPLICATION: _____			SOCIAL SECURITY NO: _____		
NAME: _____					
LAST		FIRST		MIDDLE INITIAL	
ADDRESS: _____					
CITY		STATE		ZIP CODE	
PHONE			PHONE		

HOW DID YOU HEAR ABOUT THE POSITION?	
___ Internet ___ Newspaper Ad ___ School Posting ___ Other: _____	
DESIRED POSITION: _____	DESIRED PAY: _____
WHAT DATE ARE YOU AVAILABLE FOR WORK? _____	
ARE YOU CURRENTLY EMPLOYED? ___ YES ___ NO	
IF "YES," MAY WE CONTACT YOUR CURRENT EMPLOYER? ___ YES ___ NO	

HAVE YOU EVER APPLIED AT ABS BEFORE?	
___ YES ___ NO IF "YES," MONTH/YEAR: _____	
HAVE YOU EVER BEEN EMPLOYED BY ABS BEFORE?	
___ YES ___ NO IF "YES," GIVE DATES OF EMPLOYMENT: _____	

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY, <u>OR</u> A MISDEMEANOR INVOLVING THEFT OR FORGERY? ___ YES ___ NO A conviction will not necessarily disqualify an applicant.	
If "YES," <u>identify each conviction, year of conviction, duration in jail, date of release, duration of parole/probation, and whether or not you are currently on parole/probation.</u>	

EDUCATION	NAME OF SCHOOL	CITY/STATE	MAJOR	DEGREE / CERTIFICATE
HIGH SCHOOL/ GED				
COLLEGE				
VOCATIONAL				
OTHER JOB- RELATED TRAINING				
OTHER				

LANGUAGES (Do not include English)	CONVERSATIONAL	FLUENT
READ		
WRITE		
SPEAK		

REFERENCES:

PLEASE LIST 3 PROFESSIONAL REFERENCES. EXAMPLES INCLUDE CURRENT OR FORMER EMPLOYERS, SUPERVISORS, CO-WORKERS. DO NOT INCLUDE FAMILY.

	NAME	DAYTIME PHONE	HOW ACQUAINTED?
1.			
2.			
3.			

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYER.

DATES OF EMPLOYMENT: From: / To: /	EMPLOYER:
ADDRESS:	TELEPHONE:
YOUR TITLE:	SUPERVISOR:
ENDING PAY:	DUTIES:
SEPARATION BY: ___ RESIGNATION/QUIT REASON: _____ ___ LAY-OFF ___ TERMINATION REASON: _____ ___ BUSINESS CLOSED	

DATES OF EMPLOYMENT: From: / To: /	EMPLOYER:
ADDRESS:	TELEPHONE:
YOUR TITLE:	SUPERVISOR:
ENDING PAY:	DUTIES:
SEPARATION BY: ___ RESIGNATION/QUIT REASON: _____ ___ LAY-OFF ___ TERMINATION REASON: _____ ___ BUSINESS CLOSED	

DATES OF EMPLOYMENT: From: / To: /	EMPLOYER:
ADDRESS:	TELEPHONE:
YOUR TITLE:	SUPERVISOR:
ENDING PAY:	DUTIES:
SEPARATION BY: <input type="checkbox"/> RESIGNATION/QUIT REASON: _____ <input type="checkbox"/> LAY-OFF <input type="checkbox"/> TERMINATION REASON: _____ <input type="checkbox"/> BUSINESS CLOSED	

DATES OF EMPLOYMENT: From: / To: /	EMPLOYER:
ADDRESS:	TELEPHONE:
YOUR TITLE:	SUPERVISOR:
ENDING PAY:	DUTIES:
SEPARATION BY: <input type="checkbox"/> RESIGNATION/QUIT REASON: _____ <input type="checkbox"/> LAY-OFF <input type="checkbox"/> TERMINATION REASON: _____ <input type="checkbox"/> BUSINESS CLOSED	

DATES OF EMPLOYMENT: From: / To: /	EMPLOYER:
ADDRESS:	TELEPHONE:
YOUR TITLE:	SUPERVISOR:
ENDING PAY:	DUTIES:
SEPARATION BY: <input type="checkbox"/> RESIGNATION/QUIT REASON: _____ <input type="checkbox"/> LAY-OFF <input type="checkbox"/> TERMINATION REASON: _____ <input type="checkbox"/> BUSINESS CLOSED	

APPLICANT CERTIFICATION

I CERTIFY that the facts set forth in this application and the verbal representations I have made in connection with my application for employment are true and complete, to the best of my knowledge. I understand and agree that I may be rejected for employment or terminated from employment for any misrepresentation, verbal or written, by affirmative statement or omission, in connection with my application for employment.

I AUTHORIZE Associated Billing Services, Inc. to investigate my background and qualifications, including but not limited to investigation of my past and/or current education, training, work (regardless of whether the work was for remuneration), conduct, character, state or federal law enforcement record as a juvenile or as an adult, to ascertain any and all information which may be relevant to my application for employment except medical information.

I AUTHORIZE any person, business or entity contacted by Associated Billing Services, Inc. to investigate my background and qualifications, including but not limited to investigation of my past and/or current education, training, work (regardless of whether the work was for remuneration), conduct, character, state or federal law enforcement record as a juvenile or as an adult, to provide any and all information which may be relevant to my application for employment except medical information.

I UNDERSTAND that I may be rejected for employment if I am on the U. S. General Services Administration (GSA) Excluded Parties Listing System or the Health and Human Services (HHS) Office of the Inspector General (OIG) List of Excluded Individuals/Entities and that I may be terminated from employment if I am added to either list after I am hired.

I UNDERSTAND and agree that the relationship between Associated Billing Services, Inc. and all of its employees is “at will” at all times. Employment by Associated Billing Services, Inc. is not for any definite term and may be terminated, with or without notice, by the employee or by Associated Billing Services, Inc. at any time and for any reason, or for no reason. No Company employee or representative, management or otherwise, has any authority to make any oral, implied, or written agreement contrary to the foregoing. The policies and procedures contained in the Associated Billing Services, Inc. Policy Manual constitute only management guidelines. No course of conduct by the Company or its employee or representative, management or otherwise, can or will or shall be interpreted to alter the “at will” nature of the employment relationship between Associated Billing Services, Inc. and its employees.

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

DATE

ASSOCIATED BILLING SERVICES, INC.
13430 North Black Canyon Highway #100
Phoenix, AZ 85029
Phone (602) 943-9200
Fax (602) 216-3000

AUTHORIZATION FOR EMPLOYMENT VERIFICATION

As an applicant for employment with Associated Billing Services, Inc., I have been asked to provide information about my background and qualifications.

I AUTHORIZE Associated Billing Services, Inc. to investigate my background and qualifications, including but not limited to investigation of my past and/or current education, training, work (regardless of whether the work was for remuneration), conduct, character, state or federal law enforcement record as a juvenile or as an adult, to ascertain any and all information which may be relevant to my application for employment except medical information.

I AUTHORIZE you and any person, business or entity contacted by Associated Billing Services, Inc. to respond to questions about my background and qualifications, including but not limited to questions about my past and/or current education, training, work (regardless of whether the work was for remuneration), conduct, character, state or federal law enforcement record as a juvenile or as an adult, to provide any and all information which may be relevant to my application for employment except medical information.

I RELEASE, INDEMNIFY AND HOLD HARMLESS you and any and all persons, businesses or entities contacted by Associated Billing services, Inc. from any and all causes of action, claims, and/or damages of any kind arising out of or connected in any way with information provided by you or any person, business or entity contacted by Associated Billing Services, Inc. in connection with my application for employment with Associated Billing Services, Inc.

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

DATE