

Applicant Information

Last Name: _____ First Name: _____ Emp No: _____

Job Title: _____ Hire Date: _____ Location: _____ Dept: _____

Address: _____

Home Ph: _____ Alternate Ph: _____ Marital Status _____
Dependents _____

Supervisor Name: _____

Situation

Please describe your situation in detail:

Please describe your immediate needs - what can we do that would help most right now:

Please mail or fax to:

ABX Air, Inc.
ABX CaREs
2061 F
145 Hunter Drive
Wilmington, OH 45177
Fax: 937-382-2452

**** Please note that the committee may confidentially contact Supervisors.**