

Application for Employment

Personal Information				
Last Name	First Name	Middle Initial	Preferred Name	Date
Street Address		City	State	Zip Code
Email Address		Home Phone	Cell Phone	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no", a work permit may be required at time of hire.				
If hired, can you provide evidence that you are legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Position Information		
Position Desired	Desired Pay	Date Available for Work
Availability: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time—available days & hours:		Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education					
Name of School	Location	Course of Study	Number of Years	Degrees/Certifications	Graduated?
High School					<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Vocational					<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Vocational					<input type="checkbox"/> Yes <input type="checkbox"/> No
College/Vocational					<input type="checkbox"/> Yes <input type="checkbox"/> No

Certifications/Licenses/Skills
List any certifications, special skills, and/or equipment or abilities which directly relate to the job for which you are applying.
List any professional organizations to which you belong which have a direct bearing upon your qualifications for the job which you are seeking.
Do you possess a valid current Driver's License (only for jobs requiring driving a vehicle) <input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's License number and state (only if applicable): _____

References				
List the names and contact information of <u>business/work references</u> that are not related to you.				
Name	Work Relationship	Phone Number	Email Address	Years Known
List the names of relatives and friends working at BMD, Inc.				
How did you hear about the job opening?				
<input type="checkbox"/> BMD Employee: _____ <input type="checkbox"/> Internet Site: _____ <input type="checkbox"/> Walk In <input type="checkbox"/> Other: _____				

The Company is an equal opportunity employer and does not discriminate in employment on account of race, color, religion, national origin, citizen status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I hereby authorize the Company to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability BMD and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for disqualification and/or termination of employment if I am employed, whenever it may be discovered.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I understand that an offer of employment is contingent on the outcome of my background check, drug test, and physical examination (if applicable). If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Typing my name below is my electronic signature certifying information contained in this application is correct.	
Signature	Date

Name: _____

Work Experience

Starting with the most recent employer, provide ten (10) years of employment history. All information must be included, even if you attach a resume.

Company Name		Telephone
Address	City, State Zip Code	Dates Employed (month and year) From: To:
Job Title	Name of Supervisor	If still employed, may we contact? Reason for Leaving
Duties Performed		

Company Name		Telephone
Address	City, State Zip Code	Dates Employed (month and year) From: To:
Job Title	Name of Supervisor	Reason for Leaving
Duties Performed		

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