

Application for Employment



PLEASE PRINT

Position(s) Applied For _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____
 Name of Source (If Applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number (____) _____ Social Security Number _____ - _____ - _____

If necessary, best time to call you at home is

May we contact you at work?..... YES NO

If yes, work number and best time to call (____) _____
Area Code Time am pm

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before?..... YES NO

If yes, give date ____/____/____

Have you ever been employed here before? YES NO

If yes, give dates..... From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work ____/____/____

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Shift desired 1st 2nd 3rd

Preferred location North South West Clayton Downtown

Are you on lay-off and subject to recall? YES NO

Are you able to meet the attendance requirement of the position?..... YES NO

Will you work overtime if required? YES NO

Have you ever been bonded? YES NO

Have you been convicted of a felony? YES NO
(Such conviction may be relevant if job related, but does not bar you from employment.)

If YES, please explain _____

Emergency contact name and number _____

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

Employer	Telephone () -	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

A. List last three (3) schools attended, *starting with the last one*. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major and Minor field of study (if applicable).

A. School	B. No. Of Years Completed	C. Degree/ Diploma	D. GPA/ Class Rank	E. Major	E. Minor

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

Name	Telephone Number	Years Known
	() -	
	() -	
	() -	

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

Without any limitation by any section of this application, Boldt Brothers has the right, at its sole discretion, to make and implement decisions relating to an individual's position, compensation, retention and/or other terms and conditions of employment. Since the relationship between Boldt Brothers and its employees is one of employment-at-will, it is subject to termination by either Boldt Brothers or the employee at any time with or without reason. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date ____/____/____

I affirm that everything is true and correct and I acknowledge that I can be terminated at any time if it turns out that any information I supply is false. I affirm that I have a genuine intent and no other purposes for applying for a job with this firm.

This employer does not discriminate on the basis of Race, Religion, Color, Sex, Age, National Origin, Disability, Veteran Status, or any other legally protected status.

Signature of Applicant _____ Date ____/____/____

I understand that if employed, my employment is "at will", as it is not the practice of the company to enter into employment contracts, expressed or implied. Boldt Brothers is in compliance with the Americans with Disabilities Act of 1990.

Be advised that Boldt Brothers Building Maintenance strictly maintains a work force and work environment which is free from the influence of, or the effects from, drug and alcohol usage. Accordingly, Boldt Brothers requires that all applicants for employment provide a blood and urine sample for purposes of drug and alcohol testing.

The drug and alcohol test will not be requested until after Boldt Brothers Building Maintenance has tentatively determined to extend a conditional offer of employment to the applicant. While a conditional offer will have been extended prior to the request to submit to a drug and alcohol test, a negative result is mandatory. If the applicant fails the drug and/or alcohol test, refuses to cooperate in the test or alters and/or tampers with the test, the conditional offer shall be withdrawn and no further consideration of the applicant shall be given.

Signature of Applicant _____ Date ____/____/____

For Personnel Department Use Only

Position(s) applied for _____

Available
 Not Available

Other positions considered for _____

Hired _____ Yes No Date of Hire ____/____/____

Notes: _____

Job #: _____

Completed by _____ Date ____/____/____

Document Checklist	Issued	Received back into stock
_____ Application	_____ ID Badge	_____
_____ I-9 Form	_____ Shirt (Size) _____	_____
_____ W-4 Form	_____ Pants (Size) _____	_____
_____ Police Report	_____ Dress (Size) _____	_____
_____ Rules & Policies	_____ Apron	_____
_____ Picture ID	_____ Jacket (Size) _____	_____
_____ Orientation		
_____ Training		

Separation Date: _____
First Day Worked: _____
Last Day Worked: _____

Job #: _____

Reason for Separation

A. Left of Own Accord

- _____ To Attend School
- _____ Illness or Injury
- _____ Personal Reasons
- _____ Failed to Return from Leave of Absence
- _____ Dissatisfaction With Job
- _____ Lost Means of Transportation
- _____ Change in Residence (Where) _____
- _____ Other: _____
- _____ Voluntary Retirement _____
- _____ Disability Retirement _____
- Explain: _____
- _____

B. Suspend Pending Investigation

- _____ Insubordination
- _____ Improper Conduct
- _____ Reporting to Work Under the Influence of Alcohol/Drugs
- _____ Violation of Safety Rule
- _____ Fighting on Company Property
- _____ Leaving Work Area Without Permission
- _____ Voluntary Quit
- _____ Drinking on Duty
- _____ Other: _____
- _____
- _____

Retire Status: _____ Yes _____ No

Explain: _____
