

**For Office Use Only**

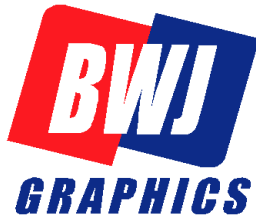
Work Location: \_\_\_\_\_ Jo \_\_\_\_\_

Work Shift:  1<sup>st</sup>  2<sup>nd</sup>  \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Hire Date \_\_\_\_\_



**Employment Application**

**For Office Use Only**

Employee Number: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ per  hr  wk

W-4 Filing Status: \_\_\_\_\_

Wage Allocation: \_\_\_\_\_ 515- \_\_\_\_\_

Hired by: \_\_\_\_\_

Date: \_\_\_\_\_

**Personal information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Legally eligible for employment in the US:  Yes  No

Were you previously employed by BWJ?: \_\_\_\_\_ If so, when?: \_\_\_\_\_

Who referred you for employment?:  Hiring agency  Ad  BWJ employee  Other \_\_\_\_\_

Will you abide by the safety rules of the company?:  Yes  No Date available for work: \_\_\_\_\_

Please list any special skills or qualifications which will be of benefit to BWJ in the job you are applying for:

**Education**

School	Name & Location	Major	Grade				Graduate	Period Attended
			Completed	5	6	7		
Elementary		X X X X X X	5	6	7	8		
High School		X X X X X X	9	10	11	12		
Trade School								
College								

Have you been convicted of felony? (explain) \_\_\_\_\_

**Driver information**

Type of drivers license held:  Operator  Comm. operator  Chauffeur Restrictions:  Yes  No

Issued by the state of: \_\_\_\_\_ Lic#: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Has your license been suspended or revoked in the last 5 years?:  Yes  No  Currently (describe below)

Have you had any moving violations or accidents in the last 5 years?:  Yes  No (describe below)

Please describe in full any restrictions, suspensions, revocations, violations, or accidents below:

Date:	Description:	Date:	Description:

**Personal references (not former employers or relatives)**

Name & Occupation:	Phone:	Known for how long?:

**List below, present and past employment, begin with your most recent job**

Company & Address	From	To	Starting weekly wage	Ending weekly wage	Name of supervisor	Reason for leaving
	Mo/Yr	Mo/Yr				
	Can we contact them?		Yes	No		
	Describe the type of work you did:					
Phone:						
Company & Address	From	To	Starting weekly wage	Ending weekly wage	Name of supervisor	Reason for leaving
	Mo/Yr	Mo/Yr				
	Can we contact them?		Yes	No		
	Describe the type of work you did:					
Phone:						
Company & Address	From	To	Starting weekly wage	Ending weekly wage	Name of supervisor	Reason for leaving
	Mo/Yr	Mo/Yr				
	Can we contact them?		Yes	No		
	Describe the type of work you did:					
Phone:						

Please list and describe all other relevant employment not listed above which may lend additional experience or qualifications as it pertains to the position in which you are applying: \_\_\_\_\_

**Please read and sign below:**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is "at-will" and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer. You are hereby authorized to make any investigation of my personal history, employment history and financial and credit record through any investigative or credit agencies or bureaus of your choice, as well as direct inquiries of references listed in the application.

\_\_\_\_\_  
Signature of the applicant

**As a condition of employment, I understand that I will be required to receive a negative test result in cooperation with the Company's pre-employment Alcohol, Drug and Controlled Substance Screening Program.**

\_\_\_\_\_  
Signature of the applicant

**For office use only - Post employment**

Date of drug screen: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Interviewer: \_\_\_\_\_  
 Marital status:  Single  Married  Divorced  Separated No. of dependants: \_\_\_\_\_

Other possible positions: \_\_\_\_\_

Emergency notification

1) \_\_\_\_\_  
 Name Relationship Address Phone

2) \_\_\_\_\_  
 Name Relationship Address Phone