

# EMPLOYMENT APPLICATION FORM

<b>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</b>		<b>Date:</b> _____
Are you responding to an employment vacancy advertisement: - Yes <input type="checkbox"/> No <input type="checkbox"/>		
How did you become aware of the vacancy? _____		
Last Name	First	Middle/Maiden
Local Physical Address		<b>Are you available for work the following holiday “weekends”?</b>
ADDRESS WHERE TO SEND YOUR W-2 FORM:		Memorial Day (May 28 – May 31): Y/N _____
Number		July 4 <sup>th</sup> Weekend (July 2 – July 5): Y/N _____
Street		Labor Day Weekend (Sept 3– Sept. 6): Y/N _____
City		<b>NOTE: You <i>may</i> not be hired if you are not available for work during the 2010 holiday weekends set forth, subject to some exceptions granted by management. SHOULD YOU BE SCHEDULED FOR WORK AND NOT SHOW UP, WE WILL CONSIDER THAT YOU HAVE QUIT WORKING.</b>
State		
Postal Code		
Are you a citizen of the USA?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		Passport No. _____
Do you have permanent residency status? Yes <input type="checkbox"/> No <input type="checkbox"/>		Country(ies) holding Citizenship Status _____
Telephone: <b>Home</b> _____ <b>Cellular</b> _____		
EMAIL ADDRESS: _____		
If under 18, please state age _____		
Position applied for _____	Days/hours available to work:-	
Wage desired _____	<b>Monday</b> From _____ To _____	
	<b>Tuesday</b> From _____ To _____	
	<b>Wednesday</b> From _____ To _____	
	<b>Thursday</b> From _____ To _____	
	<b>Friday</b> From _____ To _____	
	<b>Saturday</b> From _____ To _____	
	<b>Sunday</b> From _____ To _____	

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? (after 11PM and before 6AM) \_\_\_\_\_

Please note that the Company does not provide Staff transportation.

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

Month and date when available for work?

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING CRIMES? Theft, assault, battery, murder/manslaughter, sexual assault, kidnapping, any dishonest practice crime, vandalism, destruction of personal property, indecent exposure or similar behavior.  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No Please ensure that the Driver's License Record Check is completed.

What is your means of transportation to work?

Driver's license number \_\_\_\_\_

Code \_\_\_\_\_

Operator  Commercial

State of issue \_\_\_\_\_

Chauffeur  Private

Expiration date

Have you had any accidents during the past three years? Yes  No

How many?

Have you had any moving violations during the past three years? Yes  No

How Many?

## References

Please list two references other than relatives or previous employers.

Name	Name
Position	Position
Company	Company
Telephone (____)	Telephone (____)

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.


### Work Experience

Please list your work experience for the **past three years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary. Applicant employees will be required to sign an Information Release Form for the following reference checks: Educational Record Check, Personal Reference Check, Driver's License Check and Employment Record Check.**

Name & Telephone Number of employer	Name of last supervisor	Employment dates	Pay or salary

Your last job title	No. of Subordinates
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Reason for leaving (be specific)
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.


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Your last job title	No. of Subordinates		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
<b>PLEASE READ CAREFULLY</b>			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did?			
<b>WAIVERS</b>			
In exchange for the consideration of my job application by BP Lanier Enterprises, Inc. (hereinafter called "the Company"), I agree that:			
Neither the acceptance of this application nor any subsequent interview, either for the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied expectation of an offer of employment. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.			
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.			
I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.			
I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it.			
I further understand that any employment with the Company shall be probationary for a period of thirty (30) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company may be terminable by the Company for any reason recognized in law as being sufficient. Even after the probationary period is over, at anytime during my employment with the Company and for a period of thirty (30) days thereafter, I authorize the Company to deduct from my paycheck any amount authorized by law, including, but not limited to, any amount pursuant to a wage garnishment, order of child support and/or pursuant to this authorization, any amount that the Company has a good-faith belief it is due as a result of any action or failure to act on my part either within or outside of my scope of employment.			
Signature of applicant _____ Date: _____			
This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications and the inherent requirements of the job, having regard to Employment Equity legislative requirements.			