

EMPLOYMENT APPLICATION



BIG R
BRIDGE

APPLICANT INSTRUCTIONS

If you need help filling out this application form or for any Phase of the employment process, please notify the person That gave you this form, and every effort will be made to Accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete both pages of this application.
3. If more space is needed to complete any question, Please use the comments section on the back of this page.
4. Print clearly; incomplete or illegible applications will Not be processed.
5. An Affirmative Action Questionnaire is attached. This Information is being gathered for affirmative action Under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept Confidential. An applicant will not be subject to any Adverse treatment for refusing to complete the Questionnaire.

TODAY'S DATE: ____/____/____

NAME: _____
(Last) (First) (M.I.)

EMAIL: _____

PHONE: (____) ____ - _____

ADDRESS: _____
(Street)

(City) (State) (Zip)

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Affirmative action hiring may be requested by qualified applicants. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you are required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For what position are you applying? _____ What date can you start? _____

- Which category would you prefer? Full Time Part Time Temporary
- Which schedules are you available? Weekdays Nights Weekends Shift Work Overtime

EDUCATION

Please circle highest grade completed. 7 8 9 10 11 12 13 14 15 16 16+

NAME	CITY/STATE	GRADUATE?	DEGREE/CERTIFICATION
High School			
College			
Other Relevant Courses			

List any other skills, licenses, or certificates that may be job-related or that you feel would be of value to this job or company _____

SECURITY

List states and counties of residence for the past seven (7) years: _____

- Yes No Have you used any names other than those on this page? If so, please list _____
- Yes No Have you been convicted of, or served time for a felony in the past seven years? If so, please describe below.
 (In Accordance with Company policy, this information will be reviewed for job relatedness and time since last conviction)

INCIDENT	CITY/STATE	CHARGE

- Yes No Have you had any moving violations or had your drivers' license suspended or revoked? If yes, describe: _____
- If the job requires, do you have the appropriate drivers license? DL# _____ Type _____ State of Issue _____
- Yes No Have you been given a job description or had the requirements of the job explained to you?
- Yes No Do you understand these requirements?
- Yes No Can you perform the requirements of this job with or without reasonable accommodation?

EMPLOYMENT HISTORY

Your application may not be considered unless every question in this section is answered.

MOST RECENT EMPLOYER

Yes No Are you currently working for this employer?
 Yes No If yes, may we contact?

Company Name _____ City _____ State _____ Phone _____

From _____ to _____ Job Title _____ Supervisor _____
(Dates of Employment)

Job Duties _____

_____ per _____ Reason for Leaving _____
Salary (Hour, Week, Year)

SECOND MOST RECENT EMPLOYER

Company Name _____ City _____ State _____ Phone _____

From _____ to _____ Job Title _____ Supervisor _____
(Dates of Employment)

Job Duties _____

_____ per _____ Reason for Leaving _____
Salary (Hour, Week, Year)

THIRD MOST RECENT EMPLOYER

Company Name _____ City _____ State _____ Phone _____

From _____ to _____ Job Title _____ Supervisor _____
(Dates of Employment)

Job Duties _____

_____ per _____ Reason for Leaving _____
Salary (Hour, Week, Year)

REFERENCES

(Include only individuals familiar with your work ability. Do not include relatives)

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
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COMMENTS:

CERTIFICATION AND RELEASE

I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said person, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. If the company requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my employment.

Signature

Date

APPLICANT EEO OR AFFIRMATIVE ACTION INFORMATION

It is the policy of Big R Bridge, LLC to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

NAME: _____ DATE: _____

POSITION APPLIED FOR (LIST ONE): _____

HOW DID YOU HEAR ABOUT THIS POSITION: _____

I do not wish to provide this information

What is your race/ethnic origin?

- White Black
 Hispanic Asians, not Hispanic or Latino
 American Indian/Alaskan Native
 Two or more races; not Hispanic or Latino
 Native Hawaiian or other Pacific Islander; not Hispanic or Latino

What is your sex?

- Male
 Female

Are you a Vietnam Era Veteran?

- Yes No

A person who served on active duty for a period of more than 180 days any part of which occurred between 8/5/64 and 5/7/75, and was discharged or released there from with other than a dishonorable discharge or for a service connected disability.

Are you a disabled veteran?

- Yes No

A person entitled to disability compensation under laws administered by the Veterans administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Do you have a mental or physical disability?

- Yes No

A person who has a mental or physical impairment that substantially limits one or more major life activities, who has record of such impairment, or who is regarded as having such an impairment.