

AUTHORIZATION REQUIRED

Class Code: _____

Pay Rate: _____

Mgr. Initials: _____

PLEASE BE SURE ALL SHADED AREAS ARE COMPLETED BY APPLICANT

BNH CONSTRUCTION

(AN EQUAL OPPORTUNITY EMPLOYER)

FOR HR&P USE ONLY

Client: _____

ID #: _____

Note: _____

APPLICATION FOR EMPLOYMENT

THE FAILURE TO COMPLETELY ANSWER EACH QUESTION WILL PREVENT FURTHER PROCESSING OF THIS APPLICATION

First Name and Middle Initial	Last Name	Social Security Number
Home Address (Do not use a P.O. Box)		Telephone Number
City or Town, State and Zip Code		E-Mail Address

<p align="center">IN CASE OF EMERGENCY NOTIFY:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone Number: _____</p>	<p align="center">MILITARY SERVICE RECORD:</p> <p>Branch of Service: _____</p> <p>Discharge Date: _____</p> <p>Discharge Rank: _____</p>
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EDUCATION Do you possess a High School Diploma or G.E.D Certificate Yes No *CURRENTLY ENROLLED* School Name: _____

College, University, Vocational, Technical Schools Attended	City / State	Date Attended		Course of Study / Major	Degree or Certificate	Unit Completed	
		From	To			Semester	Quarter

DESIRED EMPLOYMENT

Position	Date You Can Start	Minimum Salary Expected
Are You Employed Now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, May We Inquire of Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever Applied to This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Ever Worked for This Company Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason for Leaving the Company:		
How Did You Hear About Our Company?		

Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:
Have you ever been convicted of a Class A or B Misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:
Have you ever been given a Deferred Adjudication sentence that has not been successfully completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

A "yes" answer to any of the three questions above will not necessarily exclude you from consideration.

Under the Federal Statutes, an employer has the right to make reasonable pre-employment inquiries into your ability to perform job-related functions. Many of the job assignments for our employees require strenuous physical labor for sustained periods of time. The information you give below is for the limited purpose for our managers to determine your ability to perform these related functions and to determine reasonable job assignments for you. It will in no way exclude you from any job which you are able to perform.

Based upon the position you desire, is there any reason that you are not able to perform the duties required, with or without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:

PERSONAL REFERENCES

Name	Address	Phone Number	# Years Known

FORMER EMPLOYERS

(List below your last three (3) employers, starting with the most recent)

Name of Present or Last Employer		Telephone Number	
Address	City	State	Zip Code
Starting Date	Ending Date	Job Title	
Name of Supervisor	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary	Ending Salary
Description of Work			
Reason for Leaving			

Name of Present or Last Employer		Telephone Number	
Address	City	State	Zip Code
Starting Date	Ending Date	Job Title	
Name of Supervisor	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary	Ending Salary
Description of Work			
Reason for Leaving			

Name of Present or Last Employer		Telephone Number	
Address	City	State	Zip Code
Starting Date	Ending Date	Job Title	
Name of Supervisor	May We Contact Your Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Salary	Ending Salary
Description of Work			
Reason for Leaving			

I hereby authorize investigation of all information concerning my previous employment, and any pertinent information such employers may have, personal and otherwise, and release all parties from all liability for any damages that may result from furnishing same to the Company. **I declare that all statements contained in this application are true and correct, and understand that false or inaccurate information will be basis for dismissal. I hereby declare that I have legal status to work in the United States. All disputes between me and the Company are subject to final and binding arbitration under the Federal Arbitration Act and the AAA Employment Arbitration Rules and the Company Arbitration Plan**

<p>X _____</p> <p>APPLICANT SIGNATURE</p>	<p>_____</p> <p>DATE</p>
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This application shall remain in effect for only sixty (60) calendar days. After that time, if you have not heard from the Company and still wish to be considered for employment, it will be necessary for you to fill out a new application.