

APPLICATION FOR EMPLOYMENT



Please complete application by printing legibly. Applications received incomplete or illegible will not be considered. Application expires one year from submission.

PERSONAL INFORMATION

LAST NAME		FIRST	MIDDLE	DATE
STREET ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER			SOCIAL SECURITY NUMBER	
EMERGENCY CONTACT NAME			CONTACT PHONE NUMBER	
POSITION APPLYING FOR		DESIRED WAGE	HAVE YOU APPLIED HERE PREVIOUSLY? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHEN? _____	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY BMG OF KANSAS, INC.? <input type="checkbox"/> NO <input type="checkbox"/> YES - WHEN? _____			ARE YOU A U.S. CITIZEN? <input type="checkbox"/> NO <input type="checkbox"/> YES	
IF NOT, DO YOU HAVE THE LEGAL RIGHT TO WORK & REMAIN IN THE UNITED STATES? <input type="checkbox"/> NO <input type="checkbox"/> YES		ARE YOU OVER THE AGE OF 18? <input type="checkbox"/> NO <input type="checkbox"/> YES	CAN YOU READ BLUEPRINTS? <input type="checkbox"/> NO <input type="checkbox"/> YES	

SCHOOL RECORD

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	NO. YEARS ATTENDED	DID YOU GRADUATE?	FROM (MM/YY)	TO (MM/YY)	DEGREE
ELEMENTARY						
HIGH						
COLLEGE OR UNIVERSITY						
VOCATIONAL						
OTHER						

EMPLOYMENT RECORD

NAME OF COMPANY	ADDRESS	NATURE OF WORK (DESCRIBE)	REASON FOR LEAVING	WAGES	FROM (MM/YY)	TO (MM/YY)

(CONTINUED ON BACK SIDE)

PERSONAL REFERENCES • NAME THREE PERSONS NOT RELATED TO YOU WHO ARE ABLE TO RATE YOUR QUALIFICATIONS

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED

MILITARY RECORD

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES OR ALTERNATE SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES	DATE ENTERED	DATE DISCHARGED
SPECIAL TRAINING RECEIVED		

MISCELLANEOUS QUESTIONS

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> NO <input type="checkbox"/> YES - EXPLAIN:	DATE DISCHARGED		
DO YOU HAVE ANY RELATIVES WORKING AT BMG OF KANSAS, INC.? <input type="checkbox"/> NO <input type="checkbox"/> YES - PLEASE LIST BELOW			
NAME	RELATIONSHIP	NAME	RELATIONSHIP
NAME	RELATIONSHIP	NAME	RELATIONSHIP
ARE YOU AWARE OF ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?			

MISCELLANEOUS QUESTIONS

The answers and statements given by me to the foregoing questions are true and correct without consequential omission of any kind. I understand that any falsification contained in this information shall be considered sufficient cause for rejection of this application and/or discharge. I authorize the companies or persons named above to give any information regarding me or my employment.

I hereby accept the rules and regulations of the company, now in force or that may be established in the future as not arbitrary and will conduct myself in accordance with them, with full knowledge that violation may mean discharge. I also agree to devote my full time to the best interests of the company.

In making this application (for employment) it is understood that an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. I have the right to make written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

SIGNATURE OF APPLICANT

DATE