

APPLICATION FOR EMPLOYMENT

[PRE-EMPLOYMENT QUESTIONNAIRE] {BAY COUNTRY CONTRACTORS IS AN EQUAL OPPORTUNITY EMPLOYER}

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

PERSONAL INFORMATION:

Date _____

NAME: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

PHONE NBR: _____

CELL PHONE NBR: _____

18 OR OLDER: YES / NO

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES / NO

HOW MANY DAYS WERE YOU ABSENT FROM WORK LAST YEAR? _____

MANY POSITIONS REQUIRE LIFTING (50-75 LBS), PROLONGED SITTING OR STANDING AND REPETITIVE MOVEMENTS. ARE YOU ABLE TO PERFORM THESE FUNCTIONS WITH OR WITHOUT AN ACCOMMODATION?: _____

This position requires your daily attendance at work, Monday through Friday, and sometimes on Saturday. Will you be able to meet these requirements? Please

Explain: _____

EMPLOYMENT DESIRED

POSITION: _____

DATE YOU CAN START: _____

SALARY: _____

ARE YOU EMPLOYED NOW? YES / NO

MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES / NO

EVER APPLIED TO THIS COMPANY BEFORE? YES / NO WHEN? _____

REFERRED BY: _____

EDUCATION:

WHAT IS YOUR HIGHEST YEAR OF EDUCATION: _____

OPERATORS POSITIONS – PLEASE FILL IN THE INFORMATION REQUEST BELOW.

LIST EACH PIECE OF EQUIPMENT THAT YOU ARE EXPERIENCED WITH RUNNING AS WELL AS THE MAKE AND MODEL. ALSO LIST THE TYPE OF WORK YOU WERE DOING WITH EACH PIECE OF EQUIPMENT.

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS PHONE NUMBER	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

**IN CASE OF
EMERGENCY NOTIFY**

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME AND/OR I MAY BE SUBJECT TO DENIAL OF BENEFITS. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION, I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE