

APPLICATION FOR EMPLOYMENT

BCRC is an equal opportunity employer and all qualified candidates will receive consideration for employment without regard to race, color, religious creed, disability, ancestry, national origin, age, sex, or any other protected characteristic under applicable law.

This application will be given consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered and the application has been signed by the applicant.

Date: **Please Note: You must download and save this application before completing it.**

Name:	Phone Number:
Present Address (Street, City, State, Zip):	
Are you over 18? Yes No	E-mail Address:
How did you hear about this position?	

SUPPLEMENTAL EMPLOYMENT INFORMATION

Is any additional information relative to a name change, nickname, or assumed name necessary to check on your work or educational references?	Yes No If yes, what name(s)?
State names of relatives and friends working for us:	
Are you presently employed? If yes, may we contact your present employer?	Yes No Yes No
Are you a citizen of the U.S. or do you have the legal right to be employed in the United States?	Yes No
Have you ever been convicted of any crime (excluding minor traffic violations)? If yes, state the offense, location, date, and disposition NOTE: A conviction will not necessarily disqualify you from employment.	Yes No
Do you have a current, valid driver's license? Yes No	
Do you have access to and use of a legally insured car to be used on the job? Yes No	

EMPLOYMENT DESIRED

Are you seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary or Summer Employment	
Position applied for	Salary expected
Date available to start	Are you currently on layoff status and subject to recall? Yes No
Have you ever applied to our company before? Yes No	
Have you ever worked for our company before? Yes No	
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No	
Can you meet the attendance requirements of this job which are reporting to work on time on scheduled work days on a regular and consistent basis? Yes No	
If no, please explain. (Please no health information)	
Will you abide by the safety rules of this company? Yes No	

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY / DEGREE TYPE	GPA	DID YOU GRADUATE?
HIGH SCHOOL			Overall	<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE			Overall	<input type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS/ TRADE/ TECHNICAL			Overall	<input type="checkbox"/> Yes <input type="checkbox"/> No
GRADUATE			Overall	<input type="checkbox"/> Yes <input type="checkbox"/> No
MILITARY				

Can you provide an original transcript from the institution where the highest degree of learning has been completed?
 Yes No *Note: The transcript would only be requested upon hire.*

Please list any additional training that you have completed:

SPECIAL SKILLS APPLICABLE TO THE POSITION(S) APPLIED FOR (check all that apply)

<input type="checkbox"/> Sign Language Level	<input type="checkbox"/> CPR Expires
<input type="checkbox"/> Computers	<input type="checkbox"/> First Aid Expires
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Other Certifications
<input type="checkbox"/> Excel	
<input type="checkbox"/> Access	
<input type="checkbox"/> Other	

List any scholastic honors, leadership positions held, and activities involved in during your most recent education experience (exclude those which may disclose your race, color, religion, national origin, or any disability):

List any membership(s) in professional or civic organizations, as well as leadership or volunteer activities, that deal with the position for which you are applying:

EMPLOYMENT EXPERIENCE: List each job held beginning with your present or most recently held position.

Company Name	Telephone
Address	Employed – (Month & Year) From _____ To _____
Position Title	Last Pay Rate
Name of Supervisor	Reason for Leaving

Company Name	Telephone
Address	Employed – (Month & Year) From _____ To _____
Position Title	Last pay Rate
Name of Supervisor	Reason for Leaving

Company Name	Telephone
Address	Employed – (Month & Year) From _____ To _____
Position Title	Last pay Rate
Name of Supervisor	Reason for Leaving

Company Name	Telephone
Address	Employed – (Month & Year) From _____ To _____
Position Title	Last pay Rate
Name of Supervisor	Reason for Leaving

PROFESSIONAL REFERENCES: List non-relatives with whom you have worked in a professional or educational capacity.

Name	Title	Company/Address	Phone	Relationship

This application for employment shall be considered active for a period of six (6) months.

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any material omissions of any kind whatsoever. I understand that if I am employed, any false, misleading, or otherwise incorrect statements made in this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize BCRC to contact any company, individual, or educational institution it deems appropriate to investigate my employment history, criminal history, driving record, character, and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals, companies, and educational institutions including but not limited to defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will report to work fit for duty and will abide by all the rules and regulations of BCRC. I understand that the taking of medical or drug tests, when given pursuant to company policy in accordance with the law, are a condition of continued employment and a refusal to take such tests when asked will be grounds for my immediate termination. Drug testing at BCRC, Inc. includes random testing, post-accident testing, post job offer, reasonable suspicion, return to duty, and follow-up testing. I further understand that nobody at BCRC is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the Executive Director of BCRC. I also understand that my employment is "at-will" and may be terminated by myself or by BCRC at any time for any reason or no reason at all, with or without prior notice.

Signature	Date
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