



APPLICATION for EMPLOYMENT

LAST NAME		FIRST NAME		MI
MAILING ADDRESS		CITY	STATE	ZIP CODE
STREET ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP CODE
LANGUAGES SPOKEN		CONTACT PHONE	CELL / MESSAGE PHONE	
EMAIL ADDRESS		EMERGENCY NAME CONTACT:	PHONE	
HAVE YOU EVER HAD A SECURITY CLEARANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHERE?	WHEN?	LEVEL?
ARE YOU AT LEAST 18 YEARS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER APPLIED WITH BBSI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE DATE / BRANCH		
TRANSPORTATION AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO		LOCATION / CLIENT PREFERENCE	DATE AVAILABLE FOR WORK	
POSITION DESIRED		DESIRED WAGE	<input type="checkbox"/> AVAILABLE LONG TERM <input type="checkbox"/> AVAILABLE SHORT TERM <input type="checkbox"/> AVAILABLE TEMP TO REGULAR POSITION	
1)				
2)				
3)			SHIFTS AVAILABLE <input type="checkbox"/> DAYS <input type="checkbox"/> SWING <input type="checkbox"/> GRAVE	HOURS PREFERRED
DAYS AVAILABLE <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY				

EMPLOYMENT HISTORY

LAST EMPLOYER		TITLE		
ADDRESS		DUTIES		
CITY	STATE	ZIP		
SUPERVISOR(S)		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES	TO
TELEPHONE		REASON FOR LEAVING		
COMMENTS				
EMPLOYER (2)		TITLE		
ADDRESS		DUTIES		
CITY	STATE	ZIP		
SUPERVISOR(S)		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES	TO
TELEPHONE		REASON FOR LEAVING		
COMMENTS				
EMPLOYER (3)		TITLE		
ADDRESS		DUTIES		
CITY	STATE	ZIP		
SUPERVISOR(S)		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATES	TO
TELEPHONE		REASON FOR LEAVING		
COMMENTS				

JOB SKILLS

LIST RELEVANT JOB SKILLS

EDUCATION

	INSTITUTION	CITY, STATE	FIELD OF STUDY
	High School Grad		
	Trade School		
	GED		
	AA/AS Degree		
	BA/BS Degree		
	Masters		
	Ph.D.		

ALCOHOL and DRUG POLICY STATEMENT

Concern for employees' safety and health has always been and continues to be a major commitment of the Company. The Company expects all employees to assist in maintaining a work place free from alcohol and drugs.

POLICY

If hired, you will be subject to Company policies, including the Company's Drug and Alcohol Policy. Under the Company's Drug and Alcohol Policy, employees are prohibited from buying, selling, giving, receiving, possession or use of, or impairment from illegal drugs, while on Company premises, during work hours or meal breaks is not permitted. This includes all behavior-altering substances that could influence job performance. Impairment from or use of alcohol while on Company premises or during work hours is not permitted. Employees are expected to be in suitable mental and physical condition at work, free from all influences of alcohol and drugs.

Similarly, an employee who is using prescription or over-the-counter drugs that may impair the employee's ability to safely perform the job, or affect the safety or well-being of others must notify their Human Resources Representative of such use immediately before starting or resuming work.

MEDICAL EVALUATIONS, SCREENING AND TESTING

I understand that the Company may require me to submit to a test for the presence of drugs in my system prior to employment and for drugs and/or alcohol at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and/or background check. I consent to the disclosure of the results of any physical examination and related tests to the Company, and I agree to execute all required authorizations for a background check.

ACKNOWLEDGEMENT AND AGREEMENT

I understand that nothing contained in this employment application creates a contract between the company and myself for employment or any other benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company. If an employment relationship is established, I understand that my employment is at-will and my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself. I further understand that no representative of the company, other than the president of the company, has any authorization to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and any such agreement to the contrary must be in writing and signed by the president. I also understand that I am required to abide by all of the rules and regulations of the company.

I understand that the Company may require me to submit to a test for the presence of drugs in my system prior to employment and for drugs and/or alcohol at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and/or background check. I consent to the disclosure of the results of any physical examination and related tests to the Company, and I agree to execute all required authorizations for a background check.

I hereby state that all the information that I have provided on this application or any other documents completed in connection with my employment, and in any interview, is true and accurate. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If hired, I understand and agree that as soon as I terminate a work assignment, or if a work assignment ends for any reason, I am responsible to contact my supervisor at BBSI to receive a new work assignment. If I do not contact my supervisor when a work assignment ends (either because I terminated the work assignment or for any other reason), BBSI will assume that I have decided to terminate my employment with BBSI.

EQUAL EMPLOYMENT OPPORTUNITY POLICY

We are committed to providing equal employment opportunities to all employees and applicants without regard to race (including traits historically associated with race, such as hair texture and protective hairstyles, including braids, locks, and twists), ethnicity, religion, color, sex (including childbirth, breast feeding and related medical conditions), gender, gender identity or expression, sexual orientation, national origin, ancestry, citizenship status, uniform service member and veteran status, marital status, pregnancy, age, protected medical condition, genetic information, disability or any other protected status in accordance with all applicable federal, state and local laws.

SIGNATURE _____ DATE _____