



# APPLICATION FOR EMPLOYMENT

*Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin or handicap.*

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Last Name	First	Middle	Mobile Phone
Street Address			Home Phone
City, State, Zip			Business Phone
Previous Address			E-mail Address
Previous Address			
Position Desired			Pay Expected
Have you ever worked for the BBHC? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and year: _____ Position: _____			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?			When will you be available to begin work?
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you every been convicted of a felony? * <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you are younger than 18 years of age, what is your age? _____
*The existence of a criminal felony record does not constitute an automatic bar to employment.			

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SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other special training or skills (languages, machine operation, software, etc.)

How did you learn about the position for which you are applying?

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

<b>1</b>	Employer Name		Telephone
	Name of Supervisor	E-mail Address	Employed (Month & Year) From                      To
	State Job Title and Describe Your Work		Weekly Pay Start                      Last
		Reason for Leaving	

<b>2</b>	Employer Name		Telephone
	Name of Supervisor	E-mail Address	Employed (Month & Year) From                      To
	State Job Title and Describe Your Work		Weekly Pay Start                      Last
		Reason for Leaving	

<b>3</b>	Employer Name		Telephone
	Name of Supervisor	E-mail Address	Employed (Month & Year) From                      To
	State Job Title and Describe Your Work		Weekly Pay Start                      Last
		Reason for Leaving	

<b>4</b>	Employer Name		Telephone
	Name of Supervisor	E-mail Address	Employed (Month & Year) From                      To
	State Job Title and Describe Your Work		Weekly Pay Start                      Last
		Reason for Leaving	

<b>5</b>	Employer Name		Telephone
	Name of Supervisor	E-mail Address	Employed (Month & Year) From                      To
	State Job Title and Describe Your Work		Weekly Pay Start                      Last
		Reason for Leaving	

<p><b>We may contact the employers listed above unless you indicate those you do not want us to contact.</b></p>	<b>DO NOT CONTACT</b>
	<p><b>Employer Number (s)</b> <b>Reason</b></p>

