

B.E. IMPLEMENT PARTNERS, LTD

APPLICATION FOR EMPLOYMENT
(Equal Employment Opportunity Employer)

GENERAL

NAME: _____

ADDRESS: _____

HOME TELEPHONE # _____ MOBILE # _____

SOCIAL SECURITY # _____ DATE OF BIRTH: _____

DATE AVAILABLE FOR EMPLOYMENT: _____

If employed and under 18, can you furnish a work permit Yes No

Have you ever been employed by this company? Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

If yes, give name: _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? No Yes

Type of work desired: _____

Do you have a valid driver's license in this state? Yes No

License # _____

EDUCATION

	ELEMENTARY	SECONDARY	COLLEGE	GRADUATE
SCHOOL NAME & ADDRESS				
YEARS COMPLETED	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
COURSE OF STUDY				

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS:

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

REFERENCES:

NAME:	OCCUPATION	RELATIONSHIP	YEARS KNOWN:	TELEPHONE:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE:

Start with your present or last job. List your last four (4) jobs in order. Do not omit any job.

Employer _____ Supervisor's Name _____

Address _____ Your Job Position _____

Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)

Your Salary: Starting/Ending _____ Duties _____

What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting/Ending _____ Duties _____
What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting/Ending _____ Duties _____
What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

Employer _____ Supervisor's Name _____
Address _____ Your Job Position _____
Telephone Number _____ Employed from _____ (mo/yr) to _____ (mo/yr)
Your Salary: Starting/Ending _____ Duties _____
What did you like most about your job? _____

What did you like least about your job? _____

Reason for leaving: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

____ Yes ____ No

If hired I will be responsible for familiarizing myself with all rules and regulations of B.E. Implement Partners, LTD. as they presently exist or are labor modified *If hired, I recognize that employment can be terminated at the discretion of B.E. Implement Partners, LTD. or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.*

____ Yes ____ No

I also understand that no representative of B.E. Implement Partners, LTD. has any authority to enter into any employment agreement for any specified period of time, or to assure me of future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President.

____ Yes ____ No

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

____ Yes ____ No

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings after the ninety (90) days from date signed, I will re- submit a new application.

I have read, understand, and agree with the above.

Signature of Applicant

Date