

FES/BarDyne Application for Employment

Position:		Date:
Name: <i>First</i>	<i>Middle</i>	<i>Last</i>
Street Address:		Social Security Number:
City:	State:	Appt No.:
Telephone:	Fax:	Zip
		E-mail:

Availability	References																																										
<p><u>Please answer the following questions</u></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Have you ever filed an application here before?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Have you ever worked here before?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are you employed now?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> If so, may we contact your present employer?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are you a veteran of the US Military?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are you U.S. Citizen?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are you allowed to lawfully be employed in this country?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Are you currently on a lay-off and subject to recall?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Have you been convicted of a felony within last 7 years?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> If yes, please explain _____ _____</td> <td></td> <td></td> </tr> <tr> <td>Are you available to work full time?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> If not, how many hours are you available each week to work? _____</td> <td></td> <td></td> </tr> <tr> <td>When would you be available to work? _____</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Have you ever filed an application here before?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever worked here before?	<input type="checkbox"/>	<input type="checkbox"/>	Are you employed now?	<input type="checkbox"/>	<input type="checkbox"/>	If so, may we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>	Are you a veteran of the US Military?	<input type="checkbox"/>	<input type="checkbox"/>	Are you U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>	Are you allowed to lawfully be employed in this country?	<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on a lay-off and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>	Have you been convicted of a felony within last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain _____ _____			Are you available to work full time?	<input type="checkbox"/>	<input type="checkbox"/>	If not, how many hours are you available each week to work? _____			When would you be available to work? _____			<p>Please give name, address, and telephone number of three references that are not related to you.</p> <p>1. _____ _____ _____</p> <p>2. _____ _____ _____</p> <p>3. _____ _____ _____</p>
	Yes	No																																									
Have you ever filed an application here before?	<input type="checkbox"/>	<input type="checkbox"/>																																									
Have you ever worked here before?	<input type="checkbox"/>	<input type="checkbox"/>																																									
Are you employed now?	<input type="checkbox"/>	<input type="checkbox"/>																																									
If so, may we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>																																									
Are you a veteran of the US Military?	<input type="checkbox"/>	<input type="checkbox"/>																																									
Are you U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>																																									
Are you allowed to lawfully be employed in this country?	<input type="checkbox"/>	<input type="checkbox"/>																																									
Are you currently on a lay-off and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>																																									
Have you been convicted of a felony within last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>																																									
If yes, please explain _____ _____																																											
Are you available to work full time?	<input type="checkbox"/>	<input type="checkbox"/>																																									
If not, how many hours are you available each week to work? _____																																											
When would you be available to work? _____																																											

Education			
	High School	Technical School	College/University
School Name			
Level of Completion	9 10 11 12 GED	Number of hours _____	Number of hours _____
Diploma/Degree			
Describe General Course of Study			
Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:			
Honors Received:			
Additional Information that May be Helpful to Us:			

Employment Experience

Start with your present or most recent job.

Employer		Dates Employed		Work Performed
		From	To	
Address				Reason for Leaving
Phone	E-mail	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Supervisor				

Employer		Dates Employed		Work Performed
		From	To	
Address				Reason for Leaving
Phone	E-mail	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Supervisor				

Employer		Dates Employed		Work Performed
		From	To	
Address				Reason for Leaving
Phone	E-mail	Hourly Rate/Salary		
		Starting	Final	
Job Title				
Supervisor				

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences:

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company.

Date