



AT-WILL EMPLOYMENT APPLICATION

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, but merely is intended to evaluate suitability for employment. It is the policy of BFOH to provide equal employment opportunities to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made.

PERSONAL INFORMATION

Name: Last	First	Middle	Social Security #
Home Phone:			Work Phone:
Current Address:	Street	City	State Zip

EDUCATION

High School	City, State	Did you earn a Diploma?
Undergraduate College	City, State	Areas of Study
Graduate School	City, State	Areas of Study
Trade, Business or Other School	City, State	Areas of Study
		Degree/Certificate/Diploma

EMPLOYMENT INFORMATION

Position Applied For:	Date You Can Start Work:	Desired Salary: \$
Do you Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
<i>Please answer all of the following questions. When necessary, note question number and use extra paper to provide explanation.</i>		
1. Are you at least 18 years of age and legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Will you work overtime when necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Have you filed an application here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, give dates):		
5. Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Have you ever been convicted of or pled guilty to a felony or other crime? (If yes, please explain) <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
<i>Please list below your last three employers beginning with the most recent:</i>				
Most Recent Employer	City	State	Zip	Phone
Position Held	Dates From / To	Pay Rate Upon Leaving \$	Supervisor	
Duties		Reason for Leaving		
Next Most Recent Employer	City	State	Zip	Phone
Position Held	Dates From / To	Pay Rate Upon Leaving \$	Supervisor	
Duties		Reason for Leaving		
Next Most Recent Employer	City	State	Zip	Phone
Position Held	Dates From / To	Pay Rate Upon Leaving \$	Supervisor	
Duties		Reason for Leaving		

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc., that may relate to the position applied for. Include date granted, name of organization, and any other relevant information.

1. _____
2. _____
3. _____

APPLICANT'S CERTIFICATION AGREEMENT
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1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release BFOH from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future BFOH rules and regulations and I understand that BFOH reserves the right to change wages, hours, and working conditions as deemed necessary. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**
4. I understand that any employment offer is contingent upon my providing, within three working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

Signature

Date