

APPLICATION FOR EMPLOYMENT

(SSN Voluntary, for Record Keeping and Data Processing Only)



Date of Application

Social Security Number	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time
 5. Any of the preceding 6. Work involving Travel 7. Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____

Job Applied For
 Enter below the specific title of the job for which you are applying.

Referral Source
 Please indicate your referral source: _____

Education
 Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>		
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>		

Equal Opportunity Information
 BB Locksmith's policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth _____ (mo.) (day) (year)	Check One SEX <input type="checkbox"/> M <input type="checkbox"/> F (male) (female)	<p>DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law.</p>
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<p>ETHNIC GROUP</p> 1. <input type="checkbox"/> White (non-Hispanic) 2. <input type="checkbox"/> Black (non-Hispanic) 3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4. <input type="checkbox"/> Asian (including Pacific Islander) 5. <input type="checkbox"/> American Indian (including Alaskan native)	<p>A <input type="checkbox"/> None/Prefer not to report B <input type="checkbox"/> Blind or severely visually impaired C <input type="checkbox"/> Deaf or severely hearing impaired D <input type="checkbox"/> Loss of limited use of arms and/or hands E <input type="checkbox"/> Non-ambulatory (must use wheelchair) F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>	<p>G <input type="checkbox"/> Respiratory impairment H <input type="checkbox"/> Nervous system/Neurological disorder I <input type="checkbox"/> Mentally restored J <input type="checkbox"/> Mental retardation K <input type="checkbox"/> Learning disability L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment) M <input type="checkbox"/> Other (please specify) _____</p>
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DRIVER'S LICENSE INFORMATION	Licenses: (Driver Licenses held in past 3 years must be shown)			
	<u>State</u>	<u>License Number</u>	<u>Type</u>	<u>Expiration Date</u>
	_____	_____	_____	_____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, explain below or on an additional sheet.)	<input type="checkbox"/> Foreign language(s) - (Please specify)
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WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary				
Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			

In signing and dating this application, I give my consent for BB Locksmith to perform a background screening. I authorize the investigation of all statements contained in this application (and accompanying resume, if any). I further authorize my listed references to give you any and all information concerning my previous employment and any pertinent information they may have about me, personal or otherwise. I understand that the company may request an investigative consumer report or a consumer credit report from a consumer reporting agency that includes information as to my character, general reputation, driving record, criminal history, credit history, etc. I understand that BB Locksmith pays a fee for this background check and I agree to a payroll deduction equal to the amount of the fee should I be hired and my employment cease prior to 90 days from the date of hire.

Disclaimer Applicant: It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not, and applicant releases employers and persons named herein from all liability for any damages on account of his furnishing such information.
Initial Here: x _____

I understand that this application is not an employment contract and that, if hired, my employment and compensation can be terminated, with or without cause, at any time at the option of either the company or myself. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I Accept: **Signature:** _____ **Date:** _____

Unsigned and/or undated applications will not be processed.

INTERNAL USE ONLY

Employee Job Title: _____	Hire Date: _____	Start Date: _____
Pay Rate: _____ per _____	Standard Hrs/Pay Period: _____	
Primary Pay Type (check only one): <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried Exempt <input type="checkbox"/> Salaried Non-Exempt <input type="checkbox"/> Commission <input type="checkbox"/> Piecework <input type="checkbox"/> Other		
Employee Works: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
Authorizing Signature: _____	Date: _____	