



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION (PLEASE PRINT):

DATE _____

NAME _____
 Last First Middle Initial

SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____
 Street City State Zip

PREVIOUS ADDRESS _____
 Street City State Zip

HOME OR NEAREST PHONE _____

Are you over the age of 18? Yes No (If no, employment is subject to verification that you are of minimum age to work.)

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

Can you produce documented proof of eligibility for employment in the U. S.? Yes No
 (Social Security Card, Birth Certificate, or Immigration and Naturalization Service Document)

Do you have a current drivers license? Yes No

Position(s) applied for _____ How soon can you report to work? _____

Full Time _____ Part Time _____ Temporary _____ Rate of Pay Expected _____

If part time, what days and hours? Days _____ Hours _____

EDUCATION	NAME OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL	_____			
COLLEGE	_____			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL	_____			

GENERAL

Have you ever served in the U. S. Armed Forces? Yes No If yes, date discharged _____

Present membership in National Guard or Reserves? Yes No

Other than a minor traffic violation, have you ever been convicted of a crime? Yes No

If yes, state the date, court and place where the offense occurred.

Have you applied for a job with us before? Yes No

Have you ever worked for us before? Yes No

How did you come to apply? Employee Referral Former Employee College Recruitment
 High School recruitment Newspaper Ad Walk In Other: _____

Do you use drugs? Yes No Alcohol Yes No

Have you ever participated in a substance abuse program? Yes No

Have you ever been discharged or requested to resign a position? Yes No

If yes, please describe the reasons _____

Are you employed now? Yes No May we contact your present employer? Yes No

Why do you desire to make a change? _____

Have you ever held a position handling money or confidential material? Yes No

How much time have you lost from work during this past year? Days _____ Weeks _____

Do you have any physical restrictions, such as back problems? Yes No

If yes, please describe _____

Please list periods of time away from work other than vacation: _____

Please document periods of unemployment: _____

Please provide any additional information (such as special skills, training, management experience, equipment operation or qualifications) you feel will be helpful to us in considering your application. _____

Office personnel applicants, please list computer experience and types of office machines with which your are experienced.

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal opportunities to all persons without regard to race, color, religion, age, martial or veterans' status, sex, national origin, or the presence of handicap, or any other legally protected status.

BAY SIDE CONTRACTING, INC.

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATING OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU.

I GIVE BAY SIDE CONTRACTING, INC. PERMISSION TO OBTAIN MY DMV RECORD.

I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED. I UNDERSTAND THAT IF I AM EMPLOYED, SUCH EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME AND BAY SIDE CONTRACTING, INC. CAN CHANGE WAGES, BENEFITS AND CONDITIONS AT ANY TIME.

DATE SIGNATURE

TO BE FILLED OUT BY INTERVIEWER

INTERVIEWED BY _____ DATE _____

COMMENTS:

HIRED: ___Yes ___No POSITION _____

SALARY/WAGE _____

DATE REPORTING TO WORK _____

APPROVED _____