|  |  |  |
| --- | --- | --- |
| BABLogo_6-12-17 |  | EMPLOYMENT APPLICATION**An Equal Opportunity Employer** |

Equal access to employment, programs, and services is available to all applicants. If you require reasonable accommodation to the application and/or interview process, please notify a representative of Bob Anderson Builders, Inc.

It is the intent of Bob Anderson Builders, Inc. to comply with all State and Federal requirements and to operate within the law in the implementation of all facets of Equal Employment Opportunity. In the recruitment, selection, training, promotion, termination or any other personnel action, there will be no discrimination on the basis of race, color, religion, age, sex (including pregnancy and childbirth), national origin, ancestry, disability, sexual orientation, marital status, military service, arrest or conviction record, use or non-use of lawful products off Bob Anderson Builders’ premises, or any other areas covered under state or federal law; to the extent prohibited by law. Do not include information of that nature in the application. It is the intention of Bob Anderson Builders, Inc. that all qualified applicants will be given equal opportunity and that selection decisions be based on job-related factors.

|  |  |  |
| --- | --- | --- |
| **Last Name:** | **First Name:** | **Middle Initial:** |
| **Street Address:** | **City:** | **State:** | **Zip Code:** |
| **Phone:** | **Email:** | **Are you legally authorized to work in the U.S.? YES ( ) NO ( )** |
| **Position applying for:** | **Shift Available for Work:****1st ( ) 2nd ( ) 3rd ( ) Any ( )** | **Salary Desired:** |
| Are you at least 18 years old? Yes \_\_\_\_ No \_\_\_\_ | **If position requires vehicle operation, do you have a valid Driver’s****License? YES ( ) NO ( ) Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **How did you hear about Bob Anderson Builders?** |  | **Date you are available for work:** |
| **Have you ever been convicted of a felony? YES ( ) NO ( )** **Do you have any pending criminal charges against you? YES ( ) NO ( ) If *Yes* to either question please explain:***Information used only if relevant to position(s) you are applying for.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education** | **School Name** | **Major** | **Graduated** | **Years Completed** |
| **High School** |  |  | **YES ( ) NO ( )** |  |
| **College** |  |  | **YES ( ) NO ( )** |  |
| **Vocational** |  |  | **YES ( ) NO ( )** |  |
| **Other** |  |  | **YES ( ) NO ( )** |  |

|  |
| --- |
| EMPLOYMENT HISTORY (Please list most recent first) |
| **Company Name: Phone Number:** **( )** | **City:** | **State:** | **From: To:** |
| **Job Title:** | **Immediate Supervisor:** | **Pay Rate:** |
| **Reason for Leaving:** |
| **Your Position and Duties:** |  |
|  |  |
|  |
|  |
|  |
| **Company Name: Phone Number:** **( )** | **City:** | **State:** | **From: To:** |
| **Job Title:** | **Immediate Supervisor:** | **Pay Rate:** |
| **Reason for Leaving:** |
| **Your Position and Duties:** |  |
|  |  |
|  |
|  |
|  |
| **Company Name: Phone Number:** **( )** | **City:** | **State:** | **From: To:** |
| **Job Title:** | **Immediate Supervisor:** | **Pay Rate:** |
| **Reason for Leaving:** |
| **Your Position and Duties:** |  |
|  |  |
|  |
|  |
|  |
| **Company Name: Phone Number:** **( )** | **City:** | **State:** | **From: To:** |
| **Job Title:** | **Immediate Supervisor:** | **Pay Rate:** |
| **Reason for Leaving:** |
| **Your Position and Duties:** |  |
|  |  |
|  |
|  |
|  |

Please read the paragraphs below. If you agree to the conditions contained in the paragraphs, sign on the signature line at the bottom of this page.

**STATEMENT OF DISCLOSURE:** I attest that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions will lead to immediate dismissal. I agree that Bob Anderson Builders, Inc. will not be held liable in any respect if my employment is terminated for that reason. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice and without cause. I also understand that any offer of employment may be conditioned on the results of a physical examination and/or drug test. I understand that this application will remain “active” for 30 days and if I want to be considered for employment beyond that time I must advise a representative of Bob Anderson Builders.

**DRUG SCREENING:** I agree to submit to medical testing for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription as required by Bob Anderson Builders, Inc.’s drug/alcohol policy. **I understand that Bob Anderson Builders, Inc. requires a post-offer pre-employment drug test and a drug/alcohol test whenever an employee is suspected of being under the influence of drugs or alcohol at work, or following an on-the-job accident or injury.** Bob Anderson Builders, Inc.’s policy and this authorization and consent are in a language I understand and I understand that if I have questions I should ask a representative of Bob Anderson Builders, Inc., prior to signing below. I will hold all parties concerned harmless for any alleged harm to me as a result of not submitting to the testing or the results of the testing. This includes, but is not limited to, possible clerical or laboratory error.

**REFERENCE RELEASE:** I authorize Bob Anderson Builders, Inc. to investigate my character, qualifications, past employment, education, and activities. I release from all liability, any person, company, corporation, school, or government agency supplying such information. I understand that the employment information may include, but is not limited to, performance evaluations and reports, attendance records, job descriptions, disciplinary actions and opinions regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original and should be considered as such. This policy and authorization is in a language I understand, and I understand that if I have questions I should ask them before signing below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature