



Application For Employment

(PLEASE PRINT AND **COMPLETE** EACH SECTION)

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED

DATE _____

NAME _____
LAST FIRST MI

SOCIAL SECURITY _____

PRESENT ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE NUMBER (_____) _____ ALTERNATIVE (_____) _____
AREA CODE AREA CODE

Are you 18 years or older? YES _____ NO _____ E-MAIL ADDRESS _____ @ _____

Positions applied for 1. _____ Rate of pay expected \$ _____ per _____
TITLE/SHIFT
 2. _____ Rate of pay expected \$ _____ per _____
TITLE/SHIFT

How did you learn of this position? (CHECK ONE ONLY)
 Newspaper, which one _____
 Berwick Offray employee _____ Walk in _____
 Internet or Web Site (be specific, please) _____
 Other (describe) _____ (be specific, please)

Shifts willing to work. Number in order **only** the shifts you are willing to work. Please do not number shifts you are unwilling to work.

8 HOUR SHIFTS				
1st shift		2nd shift		3rd shift
NUMBER IN ORDER OF PREFERENCE				

12 HOUR SHIFTS				
A shift		B shift		C shift
				D shift
NUMBER IN ORDER OF PREFERENCE				

12 HOUR SHIFTS				
E shift		F shift		G shift
				H shift
NUMBER IN ORDER OF PREFERENCE				

Are you willing to work overtime if needed? _____ Are you willing to work weekends? _____
 Have you ever worked at Berwick Offray or any of its subsidiaries? _____ If yes, when _____ dept. _____
 Under what name? _____
 Have you ever worked through a temp agency at Berwick Offray? _____ If yes, when _____ dept. _____
 Under what name? _____ Which agency? _____
 Have you ever applied here before? _____ If yes, when? _____
 Under what name? _____
 Relatives currently employed here? Name _____ Relationship _____
 Name _____ Relationship _____

What date are you available to start work? _____
 Do you have reliable means of transportation? _____

Please answer the following question if state law permits.
 Note: a "yes" answer does not necessarily disqualify you from the job for which you have applied.
 Have you been convicted of a felony within the last seven years? _____ no _____ yes
 If yes, describe in full. _____

Print Name _____, _____
 Last First

EDUCATIONAL BACKGROUND



TYPE OF SCHOOL	NAME AND ADDRESS	Graduated	How Many Years Attended	COURSE OR MAJOR
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No		
POST GRADUATE		<input type="checkbox"/> Yes <input type="checkbox"/> No		
BUSINESS OR TRADE		<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No		

MILITARY SERVICE RECORD

Have you ever served in the armed forces? ____ Yes ____ No If no, skip to current or most recent job.

Dates of Duty: From _____ To _____
 Month Day Year Month Day Year

Describe any military training and experience that will be useful here: _____

CURRENT OR MOST RECENT JOB

DATES		COMPANY NAME, ADDRESS AND TELEPHONE	RATE OF PAY		SUPERVISOR'S NAME, TITLE AND TELEPHONE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Mo./Yr.	Mo./Yr.					

Job Title: _____ Describe in detail the work you did (do).

Berwick Offray is an equal opportunity employer.

Print Name _____, _____
 Last First

All information **must** be completed for each position listed.
 (List in order, most recent employer first, starting with the second to last employer.)



WORK HISTORY

DATES		COMPANY NAME, ADDRESS AND TELEPHONE	RATE OF PAY		SUPERVISOR'S NAME, TITLE AND TELEPHONE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Mo./Yr.	Mo./Yr.					
Job Title: _____ Describe in detail the work you did.						

DATES		COMPANY NAME, ADDRESS AND TELEPHONE	RATE OF PAY		SUPERVISOR'S NAME, TITLE AND TELEPHONE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Mo./Yr.	Mo./Yr.					
Job Title: _____ Describe in detail the work you did.						

DATES		COMPANY NAME, ADDRESS AND TELEPHONE	RATE OF PAY		SUPERVISOR'S NAME, TITLE AND TELEPHONE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Mo./Yr.	Mo./Yr.					
Job Title: _____ Describe in detail the work you did.						

DATES		COMPANY NAME, ADDRESS AND TELEPHONE	RATE OF PAY		SUPERVISOR'S NAME, TITLE AND TELEPHONE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Mo./Yr.	Mo./Yr.					
Job Title: _____ Describe in detail the work you did.						

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact and why.

Are there any other experiences, skills or qualifications which you feel would especially qualify you for work with Berwick Offray?

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and no other consideration. There will be no discrimination on the basis of sex, color, race, ancestry, religion, national origin, age, disability, medical condition, marital status, veteran status, citizenship status, sexual orientation or any other characteristic protected by law.

PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that an incomplete or incorrect application may make me ineligible for employment. I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my work history.

I understand that I am applying for employment for no fixed term, and is terminable by the employer or employee at any time, for any reason. This understanding cannot be changed except in writing by an authorized company official.

Employees may be hired to fulfill the **seasonal workload** and understand that their employment is limited and expected to end at the conclusion of the project or season for which they are hired. Under such circumstances the company reserves its right to retain only those employees it considers most essential to its continued success.

I understand that Berwick Offray requires drug testing and that any job offer is contingent on passing a drug test.

Print Name _____

Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWER _____ Date _____ Position _____

INTERVIEWER _____ Date _____ Position _____

INTERVIEWER _____ Date _____ Position _____

INTERVIEWER _____ Date _____ Position _____

Job Offer Made by _____ Date _____

Job Code _____ Company Code _____ Starting Rate \$ _____ Starting Date _____ Time _____

Position _____ Dept. Id. _____ Shift _____ Clock No. _____

Paperwork Date _____ Orientation Date _____

Time _____ Time _____

Benefit Code _____ Lunch Code _____

Employment Type _____ Location _____ Payroll Dept. # _____