

BFDI EDUCATIONAL SERVICES APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

If yes, give date _____

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment.

Yes No

On what date would you be available for work? _____

Are you available to work: Full-time Part-time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires? Yes No

Have you ever been cited for Unprofessional Conduct? Yes No

If yes, please explain _____

Have you ever been convicted of a felony?
Conviction will not necessarily disqualify an applicant from employment.

Yes No

If yes, please explain _____

EMPLOYMENT EXPERIENCE

Start with your present/last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		Starting	<u>Hourly Rate/Salary</u> Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		Starting	<u>Hourly Rate/Salary</u> Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		Starting	<u>Hourly Rate/Salary</u> Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		Starting	<u>Hourly Rate/Salary</u> Final	
Job Title	Supervisor			
Reason for Leaving				

Reason for Leaving			
--------------------	--	--	--

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Computer Skills

Provide a detail list of the computer software/hardware application(s) that you have a working knowledge of, please include the most recent version.

EDUCATION

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

FOREIGN LANGUAGES			
Indicate any foreign languages you can speak, read and or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three work references that are not related to you.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military? Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying?
 Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interviews(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY (Please print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security No.		

Complete the sections below

	Current Job	
	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate
	Check one of the following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander	
	Check if any of the following are applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual	

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks _____ _____	
_____ <i>Interviewer</i>	_____ <i>Date</i>
Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment _____
Job Title _____	Hourly Rate/Salary _____ Department _____
By _____	_____
<i>Name and Title</i>	<i>Date</i>

BFDI EDUCATIONAL SERVICES

BACKGROUND INVESTIGATION CONSENT AND WAIVER FORM

I, _____ understand that the hiring process at BES Educational Services. (BES) includes a criminal records background check. I hereby authorize and consent to BES and/or it's agent to conduct an independent investigation, and at stated interval throughout employment of my background, references, character, past employment, education, criminal and/or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my employment application or resume, and/or for obtaining other information which may be material to my qualifications for employment.

I understand and agree that employment with BES is conditional on the outcome of the satisfactory results of the background investigation. **I further understand and consent that I may be hired prior to the results being received by BES and that my employment may be subsequently terminated based upon the results.** I release and agree to hold harmless BES and any of its employees or agents from any and all claims or causes of action, which may result from such termination.

I release BES and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims or law suits in regard to the information obtained from any and all of the above reference sources used.

Signature and Date of Applicant/Candidate

The applicant must provide the following information:

Full Legal Name: _____ Date of Birth: _____
Print Legal Name: _____
Maiden Name, or Other Names Used: _____
Present Address: _____ Length of Time _____
Former Address: _____ Length of Time _____
Social Security Number: _____
Driver's License Number: _____ State Issuing License & Exp. Yr. _____