



# 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			
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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.

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**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.

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<b>EDUCATION</b>
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	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:*

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## 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"/> Black	<input type="checkbox"/> Other
	<input type="checkbox"/> American Indian/Alaskan Native	<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. \_\_\_\_\_