



An Equal Opportunity Employer

EMPLOYMENT APPLICATION

Bolinger & Queen, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, disability or other classification protected by applicable law.

NAME: _____

LAST	FIRST	MIDDLE
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ADDRESS: _____

NUMBER/STREET	CITY	STATE	ZIP CODE
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SOCIAL SECURITY NUMBER: _____ - _____ - _____

TELEPHONE NUMBER: DAY (____) _____ EVENING (____) _____

POSITION APPLIED FOR: _____ FULL TIME ____ PART TIME ____

SALARY EXPECTED: _____ DATE AVAILABLE: _____

Are you legally eligible to work in the United States? Yes ____ No ____

EDUCATION: (Only job-related education will be considered)

	Name and Location of School	Circle Year Completed	Graduate? If So, Degree Received.
High School	_____	1 2 3 4	_____

College	_____	1 2 3 4	_____

Other	_____	1 2 3 4	_____

LIST ANY SPECIAL LICENSES OR CERTIFICATIONS YOU HAVE THAT YOU BELIEVE WOULD HELP YOU DO THE JOB APPLIED FOR: (List Licensing Authority, License Number, and Date of License for Each)

Do you have a valid Driver's License? Yes ___ No ___

If yes, what state(s) and number(s): State _____ Number _____

Have you had any driving violations in the last 5 years? Yes ___ No ___

If yes, please explain: _____

LIST ANY EXPERIENCE YOU HAVE IN OPERATING COMPUTER OR ANY OTHER EQUIPMENT THAT YOU BELIEVE WOULD BE USEFUL IN THE JOB APPLIED FOR: _____

PRIOR EMPLOYMENT: (Give the following information for the last ten years of work/driving experience.)

Employer Name, Address, & Phone Number	Dates of Employment	Job Title/Pay Rate	Reason for Leaving

PLEASE LIST THREE INDIVIDUAL REFERENCES FROM PEOPLE WHO ARE FAMILIAR WITH YOUR WORK, SKILLS, ABILITY, AND CHARACTER:

Name	Address	Phone	How long known & what capacity

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR RECEIVED A VERDICT OF ANYTHING OTHER THAN NOT GUILTY IN ANY CRIMINAL INVESTIGATION OR PROCEEDING?

Yes _____ No _____

If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation. (Do not list any criminal charges for which the records have been expunged. A criminal offense will not necessarily bar employment.) _____

Date

Signature of Applicant

INFORMATION FOR APPLICANT

(Please Read Carefully Before Signing)

This application is valid for only sixty (60) days. If you have not been employed within sixty (60) days of your application, you must re-apply for a position.

By my signature below, I agree to the following:

- a. I consent to take any physical examinations, including but not limited to tests for alcohol or drugs, that may be requested by Bolinger & Queen, Inc. (1) following an offer of employment and prior to commencement of work: and (2) during the course of my employment, consistent with applicable law, including but not limited to the Americans With Disabilities Act. I further authorize any health care professional who performs such an examination or who has other information concerning my physical, mental or other medical status to release such information to Bolinger & Queen, Inc..
- b. I understand that any false statements or misleading omissions made by me in connection with my application, or in responding to requests for information, will be sufficient grounds for my rejection as a candidate for employment or for my immediate discharge.
- c. I understand that none of Bolinger & Queen, Inc. practices or policies are to be construed as imposing any binding obligations on the Company, and that they are subject to change or deletion at any time.
- d. I hereby authorize Bolinger & Queen, Inc. to obtain from schools, former employers, and other individuals or institutions it contacts, any information in their possession regarding my employment history or qualifications for the job for which I have applied.

I have read this Employment Application and I understand its contents.

Date

Signature of Applicant

REFERENCE RELEASE FORM

I authorize Bolinger & Queen, Inc. to seek from all my previous and present schools, employers, and health care providers, and authorize all my previous and present schools, employers, and health care providers to release to Bolinger & Queen, Inc., any and all information pertaining to my educational and employment history.

I release, promise to hold harmless, and covenant not to sue Bolinger & Queen, Inc. on the basis of its attempts to obtain information from my previous and present schools, employers, and health care providers. I release, promise to hold harmless, and covenant not to sue my previous and present schools, employers, or health care providers on the basis of the disclosure of information to Bolinger & Queen, Inc..

Date

Name of Applicant (Please Print)

Signature of Applicant