

BWFS Industries, LLC

Please complete every portion of the applications to the best of your ability? (Please Print)

Name _____
Last First Middle

Address _____
Number Street City State Zip

Position(s) Applied For: _____ Date of Application: _____

How Did You Learn About Us? Friend? _____ Relative? _____
Name Name

Employment Agency? Walk-in? Advertisement? Other? _____

Telephone Number(s) _____ Social Security No. _____

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

If "Yes", give type of proof: _____

For jobs requiring use of a motor vehicle: DL# _____ Under 18? Yes No

Have you been previously employed by our Company? If "Yes" give date: _____ Yes No

Are you currently on "layoff" status and subject to recall? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you able to work: Full Time Part Time Shift Work Temporary

Are you willing to travel if a job requires it? Yes No

Have you ever been convicted of a crime? Yes No

If Yes, explain type of conviction, name of court and judgement date: _____

Have you ever pleaded "guilty" or "no contest" to a particular charge that resulted in deferred adjudication?

If "Yes", explain including name of court and judgement date: _____

Describe any specialized training and / or job related military training: _____

State foreign languages that you are fluent in: _____

How do you intend to get to work? _____

EDUCATION

	Name & Location of School	Course of Study	Years Completed	Diploma / Degree
High School				
College				
Other				

QUALIFICATIONS – State any job-related skills acquired from employment or other experiences:

List Computer Software you have experience with: _____

List other equipment you have experience with (forklift, machinery, etc.): _____

List professional, trade, business or civic activities and offices held (You may exclude membership with would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status): _____

JOB DESCRIPTION – Describe in your own words the job description you are applying to fulfill: _____

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? As description of the activities involved in such a job or occupation may be attached or has been explained by the interviewer. Yes No

RECREATIONAL ACTIVITES – Place a check mark in the appropriate box regarding any sports that you participate in:

- | | | | | |
|---------------------------------------|---------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Golf | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |

EMPLOYMENT EXPERIENCE

Start with your present or 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: _____ Phone: _____
Address: _____
 Number Street City State Zip
Dates of employment: From: _____ To: _____
Job Title: _____ Supervisor: _____
Hourly Rate/Salary: Start: _____ Final: _____
Work performed: _____

Reason for leaving: _____

Employer: _____ Phone: _____
Address: _____
 Number Street City State Zip
Dates of employment: From: _____ To: _____
Job Title: _____ Supervisor: _____
Hourly Rate/Salary: Start: _____ Final: _____
Work performed: _____

Reason for leaving: _____

Employer: _____ Phone: _____
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