



Bejac Corporation
 Employment Application
 An Equal Opportunity Employer

Rev 01/2018

Please Print

____/____/____
 Date Last Name First Name Middle

Current Address

 No. & Street City State Zip Code

Permanent Address (if different from current)

 No. & Street City State Zip Code

(____) _____
 Home Phone Cell Phone

 Email address

Employment Desired

Position applying for: _____

Are you available for:

- Full-time work Yes No
- Part-time work..... Yes No
- Temporary work (summer or holiday) work Yes No

What days and hours are you available for work? _____

If applying for temporary work, what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? __/__/__

Salary desired: _____

Personal Information

Have you ever applied to or worked for Bejac Corporation before?..... Yes No

If yes, when? _____

Were you referred by anyone working for Bejac Corporation? Yes No

If yes, state name (**only one**) and relationship: _____
Name Relationship

Why are you applying for work at Bejac Corporation?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you provide proof of eligibility to work in the U.S. legally? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and skills and agility tests.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

School	Name and Address	Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip Code _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you speak, write or understand any languages other than English? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work atBejac Corporation?

Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:

Are you licensed / certified for the job applied for? Yes No

Name of license/certification: _____

Issuing state: _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last 10 years if applicable). Account for all periods of unemployment. *You must complete this section even if attaching a resume.*

Name of Employer (_____) Telephone No. _____

Type of Business Supervisor's Name _____

Address & Street City State Zip Code

Dates of Employment: ___/___/___ ___/___/___
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer (_____) Telephone No. _____

Type of Business Supervisor's Name _____

Address & Street City State Zip Code

Dates of Employment: ___/___/___ ___/___/___
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Name of Employer (_____) Telephone No. _____

Type of Business Supervisor's Name _____

Address & Street City State Zip Code

Dates of Employment: ___/___/___ ___/___/___
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Employment History, continued

Name of Employer (_____) _____
Telephone No.

Type of Business Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: ____/____/____ ____/____/____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If Yes, please describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ First Name	_____ Last Name	(_____) _____ Telephone No
_____ Occupation	_____ Relationship	_____ Years Known

_____ First Name	_____ Last Name	(_____) _____ Telephone No
_____ Occupation	_____ Relationship	_____ Years Known

_____ First Name	_____ Last Name	(_____) _____ Telephone No
_____ Occupation	_____ Relationship	_____ Years Known

Please Read Carefully, Initial Each Paragraph, and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Bejac Corporation permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Bejac Corporation from any liability as a result of such contact.

Initials I understand and agree that employment with Bejac Corporation is “at will”. I am free to resign at any time for any reason, with or without prior notice. Similarly, the Company is free to terminate my employment at any time, with or without prior notice and with or without cause. No manager, supervisor, or other employee has the authority to modify, verbally or in writing, the terms or conditions of “at will” employment without prior written approval of the President of the Company.

Initials I also understand that (1) Bejac Corporation has a drug and alcohol policy that may provide for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy implementation.

Initials I further understand that continued employment may be based on the successful passing of a job-related physical examination.

Applicant Signature

Date



Bejac Corporation

EEO-1 Voluntary Self Identification

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race. Employers must complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return this completed form to the HR department.

Name: _____

Job Title: _____

Gender: _____ Male _____ Female

Race/Ethnicity:

Please check one of the descriptions below corresponding to the ethnic group you identify:

_____ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, and Vietnam.

_____ **Black or African-American:** A person having origins in any of the Black racial groups of Africa.

_____ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____ **Native Hawaiian or other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Two or More Races:** All persons who identify with more than one of the above five races.