



# EMPLOYMENT APPLICATION

OUR COMPANY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGIOUS BELIEF, COLOR, SEX, PREGNANCY, CHILDBIRTH OR RELATED MEDICAL CONDITIONS, BREASTFEEDING, AGE, NATIONAL ORIGIN, ANCESTRY, SEXUAL ORIENTATION, GENDER IDENTIFICATION OR EXPRESSION, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, GENETIC CHARACTERISTICS, FAMILY CARE, MARITAL STATUS, STATUS AS A VETERAN OR QUALIFIED DISABLED VETERAN OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE STATE OR FEDERAL CIVIL RIGHTS LAW.

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State Zip

Permanent Address (if different from present address):  
\_\_\_\_\_ No. Street City State Zip

## EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_

How did you hear about BIRNS and this job opening? \_\_\_\_\_

Why are you applying for work at BIRNS? \_\_\_\_\_

Type of work you are applying for:

Regular full-time: Yes  No  ; Regular part-time: Yes  No  ; Temporary: Yes  No

What days and hours are you available to work? \_\_\_\_\_

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

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 BIRNS before? Yes  No  If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for BIRNS? Yes  No

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

Are you at least 18 years old? Yes  No



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(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?  
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 to skill and agility tests.)

Are you currently employed? Yes  No  If so, may we contact your current employer? Yes  No

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

## EDUCATION, TRAINING AND EXPERIENCE

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School				
College/University				
Vocational/Business				

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at BIRNS? If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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## EMPLOYMENT HISTORY

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

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_



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Address: \_\_\_\_\_  
No. Street City State Zip

Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
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Type of Business: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_



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## REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years. Please include at least two of your direct supervisors/managers.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Occupation: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_



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## Please read carefully, initial each paragraph and sign below

\_\_\_\_\_ Persons employed at BIRNS, Inc. ("Company") have access to confidential information regarding various phases of the Company business. Therefore, the Company follows the practice of requiring new employees, at the time of employment, to sign a proprietary information and conflict of interest agreement. Information concerning competitors' operation, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Company's employees. BIRNS will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer.

\_\_\_\_\_ I understand that any offer of employment is contingent upon submitting to a criminal history check, credit check, medical examination, and reference or background check conducted in accordance with applicable law. I understand that a criminal conviction will not automatically disqualify me from employment with the Company but may trigger an additional process of individualized assessment and may result in the Company withdrawing its conditional offer of employment, depending on the circumstances.

\_\_\_\_\_ I hereby certify that the information provided herein is correct to the best of my knowledge and belief and that I have not knowingly withheld any information that might adversely affect my chances for employment. 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.

\_\_\_\_\_ I hereby authorize BIRNS to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further, authorize the references and contacts I have listed to disclose to BIRNS any and all letters, reports and other relevant information, personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other parties, persons, corporations, partnerships and associations from any and all claims, demands or liabilities for any damages arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ In consideration of my employment, I agree to conform to the rules and regulations set forth by BIRNS, Inc.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. I understand that each employee of BIRNS, Inc. is an at-will employee unless specifically notified otherwise in writing. I understand and agree that if I am employed, my employment is for no definite or determinable period and that I may terminate our employment relationship at any time, for any reason, and that the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by the President.

\_\_\_\_\_ I understand that if offered employment I will be required to submit to a drug and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

\_\_\_\_\_ I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Company in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Company, that all disputes that might arise out of my hire, employment or termination by the Company, whether during or after the employment, that cannot be resolved by informal internal resolution, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules as further explained in the BIRNS, Inc. Arbitration Agreement I will receive if offered employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date