



BBG CONTRACTORS
 P.O. Box 1267 · Bozeman, MT 59771
 Phone: (406) 285-3168 · Fax: (406) 285-3163

Application for Employment

Instructions: Please complete all necessary information. This application will be kept on file. It is to your advantage to periodically check to keep it both current and active. Be sure to sign and date the application. PLEASE PRINT

PERSONAL INFORMATION:

Today's Date: _____ / _____ / _____ Social Security #: _____ - _____ - _____

Name: _____

Mailing Address: _____
Street or PO City State / Zip

Physical Address: _____
Street City State / Zip

Phone Number: () or: ()

In case of emergency notify: _____

Phone Number: () or: ()

Position Desired: _____ Can Start: _____ / _____ / _____ Salary Desired: _____

Are you employed now? _____ If yes, name of employer: _____

May we inquire of your present employer? Yes No

EDUCATIONAL BACKGROUND:

Highest grade level completed: (not including College) _____ Name & location of school _____

Number of years in "higher education?" (College, Vocational Training, etc.) _____ Name and location of school(s) _____

Graduate degree? _____ If so, in what field? _____

Special talents or achievements? _____

Special equipment training? _____

WORK HISTORY: (List below last three employers, beginning with present or most recent employer)

Month / Year	Name, Address & Phone Number	Salary	Position	Reason for Leaving
FROM: TO:				
FROM: TO:				
FROM: TO:				

List any other carpentry experience you have, not previously listed: _____

REFERENCES: (Give the names of three persons not related to you, whom you have known for at least one year)

Name	Address	Occupation	Phone	# of Years

MEDICAL INFORMATION:

Do you have any medical problems that might prevent you from lifting heavy materials or performing strenuous labor? _____

Are you currently under the care of a physician, chiropractor, or another medical professional? _____

If yes, name of Doctor(s) providing care: _____

Are you now or have you ever experienced any type of back problem? _____

* If you answered "yes" to any of the medical questions, please briefly explain in the space provided below.

OTHER INFORMATION:

Have you ever had your employment terminated by any employer? _____

Do you have any traffic violations for speed, unsafe driving and/or driving while under the influence (DUI)? _____

Have you ever been involved in a traffic accident? _____

Have you ever been convicted of a felony? _____

* If you answered "yes" to any of the "other" questions above, please briefly explain in the space provided below.

OTHER INFORMATION: (Continued)

Do you have a valid driver's license? _____

Have you ever attended a defensive driving course? _____

Have you received any special training in back injury prevention, proper lifting techniques, CPR / first aid? _____ If yes, explain:

I authorize investigation of all statements contained in this application including medical records, driving records, and previous employment history. I understand that misrepresentation or omission of facts called for may be cause for dismissal. Further, I understand that my employment is for no definite period of time and may be terminated at any time, for any reason, without any prior notice.

Date: ____/____/____ Signature: _____