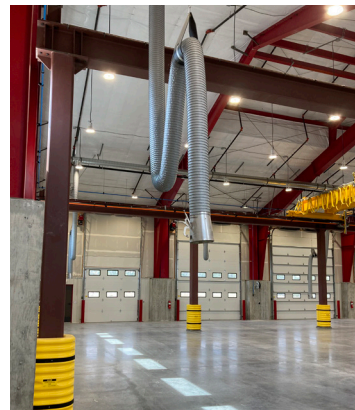
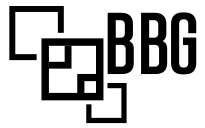


APPLICATION FOR EMPLOYMENT

28 Railway Avenue, Three Forks, MT 59752



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.



PERSONAL INFORMATION

Today's Date: _____ Social Security #: _____

Name: _____

Mailing Address: _____

City

State

Zip

Physical Address: _____

City

State

Zip

Phone Number: _____ Email: _____

In case of emergency notify: _____

Phone Number: _____

POSITION DESIRED

Position Desired: _____ Can Start: _____

Salary Desired: _____

Are you employed now? YES NO

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? YES NO 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)

TIME + SALARY	NAME, ADDRESS & PHONE NUMBER	POSITION	REASON FOR LEAVING
from: to: SALARY:			
from: to: SALARY:			
from: to: SALARY:			

MEDICAL HISTORY

		If you answered "yes" to any of the questions, please briefly explain.
Do you have any medical problems that might prevent you from lifting heavy materials or performing strenuous labor?	<input type="radio"/> YES <input type="radio"/> NO	
Are you currently under the care of a physician, chiropractor, or another medical professional? If yes, name of Doctor(s) providing care:	<input type="radio"/> YES <input type="radio"/> NO	
Are you now or have you ever experienced any type of back problem?	<input type="radio"/> YES <input type="radio"/> NO	

FURTHER QUESTIONS

		If you answered "yes" to any of the questions, please briefly explain.
Have you ever had your employment terminated by any employer?	<input type="radio"/> YES <input type="radio"/> NO	
Do you have any traffic violations for speed, unsafe driving and/or driving while under the influence (DUI)?	<input type="radio"/> YES <input type="radio"/> NO	
Have you ever been involved in a traffic accident?	<input type="radio"/> YES <input type="radio"/> NO	
Have you ever been convicted of a felony?	<input type="radio"/> YES <input type="radio"/> NO	
Do you have a valid driver's license?	<input type="radio"/> YES <input type="radio"/> NO	LICENSE # STATE ISSUED:
Have you ever attended a defensive driving course?	<input type="radio"/> YES <input type="radio"/> NO	
Have you received any special training in back injury prevention, proper lifting techniques, CPR / first aid?	<input type="radio"/> YES <input type="radio"/> NO	

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.

SIGNATURE: _____

DATE: _____

EMAIL FORM: info@bbgcontractors.com