



APPLICATION FOR EMPLOYMENT

Business Imaging Systems

An Equal Opportunity/Affirmative Action Employer

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)				
PRESENT ADDRESS	APT. NO.	CITY	STATE	ZIP
PERMANENT ADDRESS	APT. NO.	CITY	STATE	ZIP
ARE YOU OVER THE AGE OF 18?	TELEPHONE			

Last

First

Middle

DESIRED EMPLOYMENT

POSITION	DATE AVAILABLE	SALARY DESIRED
DESCRIBE WORK YOU CONSIDER YOURSELF BEST QUALIFIED FOR		
CURRENTLY EMPLOYED?	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
EVER APPLIED WITH THE COMPANY BEFORE?	WHERE?	WHEN?
EVER WORKED FOR THE COMPANY BEFORE?	WHERE?	WHEN?
REASON FOR LEAVING		

GENERAL

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES?	DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR THE COMPANY?	
WHAT TYPE OF HOURS ARE YOU AVAILABLE TO WORK? <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work	ARE YOU WILLING TO TRAVEL?	ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?

SPECIAL SKILLS & QUALIFICATIONS

Summarize special skills and qualifications acquired from education, employment, or other experience

REFERENCES

Below, give the names of three persons (do not include relatives or former employers), whom you have known at least one year.

NAME	ADDRESS	TELEPHONE	BUSINESS	YEARS ACQUAINTED

List below last three employers, starting with the most recent one first. Attach resume for additional details. Include military assignments and volunteer activities. Exclude organizations which include sex, race, color, religion, age, disability or national origin.

FORMER EMPLOYERS

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

NAME OF EMPLOYER			
ADDRESS		CITY	STATE ZIP
STARTING DATE	LEAVING DATE	JOB TITLE	
WEEKLY STARTING SALARY		WEEKLY FINAL SALARY	
NAME OF SUPERVISOR	TITLE	PHONE	
DESCRIPTION OF WORK			
REASON FOR LEAVING			

CRIMINAL RECORD

Disclosure of a criminal record does not automatically disqualify you from employment consideration. Your case will be judged on its own merits. However, falsification of record will bring about your immediate dismissal.

HAVE YOU EVER BEEN CONVICTED BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCE? DO NOT COUNT ANYTHING WHICH HAPPENED BEFORE YOUR SIXTEENTH BIRTHDAY. DO NOT COUNT TRAFFIC VIOLATIONS FOR WHICH A FINE OF \$300.00 OR LESS WAS IMPOSED. PRINT YOUR ANSWER - **YES OR NO** _____. IF THE ANSWER IS "YES," EXPLAIN EACH CONVICTION UNDER "REMARKS." GIVE EACH CHARGE, DATE, PLACE AND CONVICTION.

REMARKS:

SAFETY

WILL YOU ABIDE BY THE RULES OF THIS COMPANY?

HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATING COMPANY SAFETY RULES OR REGULATIONS?

IF YES, PLEASE EXPLAIN

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE."

Signature *Date*

EQUAL EMPLOYMENT OPPORTUNITY POLICY

IT IS THE POLICY OF BUSINESS IMAGING SYSTEMS TO ENSURE AND PROMOTE EQUAL EMPLOYMENT OPPORTUNITY FOR ALL PERSONS EMPLOYED OR SEEKING EMPLOYMENT WITH THIS COMPANY WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, NATIONAL ORIGIN, GENETIC INFORMATION OR DISABILITY.

As part of the Company's review of your application, the Company may view and/or access publicly available information about you, including information publicly available on the internet, that is job-related and consistent with the merit system principles and prohibited personnel practices set forth in the Civil Service Reform Act, 5 U.S.C. 2301, 2302. No information from any source may be used to discriminate for or against an applicant based on race, color, national origin, gender, age, political affiliation, religion, disability, marital status, sexual orientation, gender identity, status as a parent, genetic information, membership or non-membership in an employee organization.

CONSENT AND UNDERSTANDING

I UNDERSTAND THAT MY EMPLOYMENT IS AT THE WILL OF THE COMPANY AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED FOR ANY OR NO REASON, AT ANY TIME, WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT THIS APPLICATION IN NO WAY CONSTITUTES A CONTRACT OF EMPLOYMENT AND THAT COMPLETING THIS APPLICATION DOES NOT GUARANTEE EMPLOYMENT WITH THE COMPANY.

I UNDERSTAND THAT AS A CONDITION OF EMPLOYMENT, I MAY BE REQUIRED TO SUBMIT TO URINE TESTING PRIOR TO EMPLOYMENT, AND RANDOM AND AS-NEEDED TESTING THEREAFTER IN ORDER TO MAINTAIN A DRUG FREE WORKFORCE AND WORKPLACE.

SIGNATURE _____ DATE _____

AREAS BELOW ARE FOR COMPANY USE ONLY

INTERVIEW REMARKS

INTERVIEWED BY _____

DATE: _____

REMARKS

APPROVALS FOR HIRE

HIRE DATE

DEPARTMENT

FOR POSITION

SALARY WAGES

WILL REPORT (DATE)

APPROVALS

SIGNATURE

TITLE

DATE

SIGNATURE

TITLE

DATE