



Prospective employees will receive consideration for employment without discrimination due to race, creed, color, sex, age, national origin, handicap or veteran status. BMD is a drug-free workplace. All employment offers from BMD are contingent on the successful completion of a pre-employment drug test and physical. This Application is current for 90 days. A new application is required after 90 days if applicant still wishes to be considered for employment.

Personal Information				
Last Name	First	Middle	Last 4 digits of SS #	Date
Street Address			City, State Zip code	Home Telephone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year: _____			Location: _____	Cell phone
Position Desired		Pay Expected		E-mail Address:
Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time – available hours: _____			Date available to begin work:	

Employment History		Starting with <u>present</u> or more recent employer, provide 10 Years employment history		
1	Company Name	Telephone	Fax	
	Address	City, State Zip Code		Employed (State month and year) From _____ To _____
	Name of supervisor	Salary Start	Last <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly	
	State Job Title and Describe Job Duties	Reason for Leaving		
2	Company Name	Telephone	Fax	
	Address	City, State Zip Code		Employed (State month and year) From _____ To _____
	Name of supervisor	Salary Start	Last <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly	
	State Job Title and Describe Job Duties	Reason for Leaving		
3	Company Name	Telephone	Fax	
	Address	City, State Zip Code		Employed (State month and year) From _____ To _____
	Name of supervisor	Salary Start	Last <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly	
	State Job Title and Describe Job Duties	Reason for Leaving		

Typing my name below is my electronic signature certifying that the above information on this application is correct.	
Signature	Date

Employment History (continued)

4	Company Name	Telephone	Fax
	Address	City, State Zip Code	
	Name of supervisor	Employed (State month and year) From To	
	State Job Title and Describe Job Duties	Salary Start Last <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Reason for Leaving	
5	Company Name	Telephone	Fax
	Address	City, State Zip Code	
	Name of supervisor	Employed (State month and year) From To	
	State Job Title and Describe Job Duties	Salary Start Last <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Reason for Leaving	
6	Company Name	Telephone	Fax
	Address	City, State Zip Code	
	Name of supervisor	Employed (State month and year) From To	
	State Job Title and Describe Job Duties	Salary Start Last <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Reason for Leaving	
7	Company Name	Telephone	Fax
	Address	City, State Zip Code	
	Name of supervisor	Employed (State month and year) From To	
	State Job Title and Describe Job Duties	Salary Start Last <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Reason for Leaving	
8	Company Name	Telephone	Fax
	Address	City, State Zip Code	
	Name of supervisor	Employed (State month and year) From To	
	State Job Title and Describe Job Duties	Salary Start Last <input type="checkbox"/> Annual <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly Reason for Leaving	

BMD may contact the employers listed in Employment History unless you indicate those you do not want us to contact::

DO NOT CONTACT Employer: _____
Reason: _____

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Signature

Date



EDUCATION					
School	Name and Location of School	Course of Study	No. of Years	Did You Graduate?	Degree or Diploma
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MILITARY	Did you serve in the U.S. armed forces?	<input type="checkbox"/> Yes (If "Yes," in what Branch)	<input type="checkbox"/> No
	Are you currently serving in military reserves or National Guard?	<input type="checkbox"/> Yes (If "Yes," in what Branch)	<input type="checkbox"/> No

OTHER	The requested information is needed for a legally permissible reason including national security considerations, a legitimate occupational qualification or a business necessity.
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Can you perform the job duties you are applying for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you require any special accommodations under the ADA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally eligible for employment in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you over 18 years of age? Yes No (Valid work permit, emancipation and/or GED/ high school diploma required for under 18)

Have you been at present address for 5 years or more? Yes No (If no, state full previous address(es) and length of stay for last 5 years)

Have you been convicted of a crime in the past ten years that has not been annulled, expunged or sealed by court? Yes (If yes, describe in full) No

Are you currently under investigation or the subject of a pending court case? Yes (If yes, describe in full) No

How did you hear about job opening?

BMD Employee _____ Internet Site _____
 Newspaper _____ Walk In _____

REFERENCES		
List name and telephone number of three business or work references that are not related to you.		
Name	Telephone	Years Known

State names of relatives and friends working at BMD.

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Signature	Date
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MISCELLANEOUS

Misleading statements or misrepresentation by applicant via interview or application will be grounds for disqualification and/or termination of employment. Per company policy, applicant must submit to drug testing to detect the use of illegal drugs. Positive drug screen results disqualify any future job application with BMD. Applicant acknowledges that fax or email copy of application shall be as valid as the original.

EMPLOYMENT WITH BMD IS AT WILL

Applicant may resign at any time; employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. No representative of the employer has the authority to make any assurances to the contrary.

DISCRIMINATION

The employer is an Equal Opportunity Employer and does not discriminate in employment; no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for employment that is prohibited by local, state or federal law. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. BMD strictly adheres to any state law that prohibits additional types of discrimination, including but not limited to ancestry, marital status and sexual preference.

BMD will not refuse employment to a qualified individual with a disability and will make reasonable accommodation as required by the ADA, per company policy.

BACKGROUND INVESTIGATION

A consumer report or an investigative consumer report may be obtained regarding character, work habits, performance, experience, and reasons for termination of past employment. Information may be obtained from public and private sources about workers’ compensation, driving record, court records, education, credentials, credit, and references. Medical and workers compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

Applicant gives employer the right to investigate all references and to secure additional job-related information. Applicant authorizes any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by BMD’s agent to furnish information regarding applicant for the purpose of confirming the application information and/or obtaining information which may be material to my qualifications for employment.

Applicant releases from liability the employer and its representatives in obtaining information from persons, corporations or organizations furnishing such information. Applicant releases the employer and agents and all person, agencies, and entities providing information or reports about applicant from any and all liability arising out of the requests for or release of any of the above-mentioned information or reports.

According to the Fair Credit Report Act, applicant is entitled to know if employment is denied because of information obtained from a consumer-reporting agency. Under California Civil Code section 1786.2, California applicants denied employment because of adverse background report will receive a copy of final background report. The consumer agency used by BMD is ADP Screening and Selection Services, 301 Remington Street, Fort Collins, CO 80524, 800-367-5933.

I understand that an offer of employment is contingent upon the outcome of my background check, and that this Disclosure and Authorization is not an offer for employment by Company or a contract for employment with Company. I further understand Company operates under an AT-WILL EMPLOYMENT POLICY and this Authorization does not alter or affect that policy in any manner whatsoever.

Typing my name below is my electronic signature certifying that the above information on this application is correct.	
Signature	Date