

Do You Work For An Employment Agency? Yes / No
If Yes, Name of Employment Agency _____?

What Position Are You Applying For _____?

Welding Test Taken On _____? Pass / Fail / Re-Test



PURPOSE

The purpose of this application packet is to facilitate due diligence in the selection of competent employees. We are an Equal Opportunity Employer and will not discriminate on the basis of race, color, religion, sex, national origin, age or handicap. The applicant's ability to perform his job description who meets the following criteria will be considered.

- Legitimate Skill - Experience - Educational Background - Willingness to perform and excel

Your application does not mean you will be employed. If you are offered a job, you may be sent to our Company doctor for a drug test and physical to determine ability to perform job description pursuant to the Americans With Disabilities Act. BWFS Industries, LLC (BWFS) utilizes E-Verify® to verify eligibility of employment. If you know you cannot legally be employed in the United States due to immigration status, please discontinue the application process.

BWFS is a subscriber with Texas Mutual for Workers' Compensation Insurance. Additionally, BWFS has taken extraordinary action in providing its employees with a safe place to work.

If you are working at BWFS through a Staffing / Temp Agency, you MUST honor your contract with said Agency. Not honoring your contract will not be tolerated by BWFS and could result in Release / Termination.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "At Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge as well as noncompliance with Company policies as per but not limited to the Employee Policy Manual, the Employee Health & Safety Manual and instructions provided by the Supervisor or Management.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

I hereby authorize you to investigate my credit and personal history through any consumer reporting agency of the Company's choosing. It is understood that a copy of any report obtained will be made available at my request.

Signature of Applicant

Date

BWFS Industries, LLC

Please complete every portion of the applications to the best of your ability? (Please Print)

Name _____
Last First Middle

Address _____
Number Street City State Zip

Position(s) Applied For: _____ Date of Application: _____

How Did You Learn About Us? Friend? _____ Relative? _____
Name Name

Employment Agency? Walk-in? Advertisement? Other? _____

Telephone Number(s) _____ Social Security No. _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

If "Yes", give type of proof: _____

For jobs requiring use of a motor vehicle: DL# _____ Under 18? Yes No

Have you been previously employed by our Company? If "Yes" give date: _____ Yes No

Are you currently on "layoff" status and subject to recall? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you able to work: Full Time Part Time Shift Work Temporary

Are you willing to travel if a job requires it? Yes No

Have you ever been convicted of a crime? Yes No

If Yes, explain type of conviction, name of court and judgement date: _____

Have you ever pleaded "guilty" or "no contest" to a particular charge that resulted in deferred adjudication?

If "Yes", explain including name of court and judgement date: _____

Describe any specialized training and / or job related military training: _____

State foreign languages that you are fluent in: _____

How do you intend to get to work? _____

EDUCATION

	Name & Location of School	Course of Study	Years Completed	Diploma / Degree
High School				
College				
Other				

QUALIFICATIONS – State any job-related skills acquired from employment or other experiences:

List Computer Software you have experience with: _____

List other equipment you have experience with (forklift, machinery, etc.): _____

List professional, trade, business or civic activities and offices held (You may exclude membership with would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status): _____

JOB DESCRIPTION – Describe in your own words the job description you are applying to fulfill: _____

Note to Applicant: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? As description of the activities involved in such a job or occupation may be attached or has been explained by the interviewer. Yes No

RECREATIONAL ACTIVITES – Place a check mark in the appropriate box regarding any sports that you participate in:

- | | | | | |
|---------------------------------------|---------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Golf | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Once a month | <input type="checkbox"/> 2-4 times p/m | <input type="checkbox"/> 5-8 times p/m | <input type="checkbox"/> 9 times p/m |

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer: _____ Phone: _____
Address: _____
 Number Street City State Zip
Dates of employment: From: _____ To: _____
Job Title: _____ Supervisor: _____
Hourly Rate/Salary: Start: _____ Final: _____
Work performed: _____

Reason for leaving: _____

Employer: _____ Phone: _____
Address: _____
 Number Street City State Zip
Dates of employment: From: _____ To: _____
Job Title: _____ Supervisor: _____
Hourly Rate/Salary: Start: _____ Final: _____
Work performed: _____

Reason for leaving: _____

Employer: _____ Phone: _____
Address: _____
 Number Street City State Zip
Dates of employment: From: _____ To: _____
Job Title: _____ Supervisor: _____
Hourly Rate/Salary: Start: _____ Final: _____
Work performed: _____

Reason for leaving: _____
