**EMPLOYMENT APPLICATION**

**Applicant Information**

Browning Contractors Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any application from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Full Name: Date:

 *Last First M.I.*

Address:

 *Street Address Apt/Unit #*

 *City State Zip Code*

Phone: Email:

Position Applied For: \***Desired Wage: $**

  **(Required)**

Are you authorized to work in the US? [ ]  Yes [ ]  No

Are you over the age of 18? [ ]  Yes [ ]  No

Have you ever worked for this company? [ ]  Yes [ ]  No If yes, when?

How did you hear about this position?

What days are you available to work?

If needed, are you available to work overtime? [ ]  Yes [ ]  No

On what date can you start working if you are hired?

Do you have reliable transportation to and from work?

Do you have a current driver’s license? [ ]  Yes [ ]  No If yes, Class:

Do you have any friends, relatives, or acquaintances working for Browning Contractors Inc? [ ]  Yes [ ]  No

If yes, state name & relationship:

The information requested below is necessary for the specific position for which you are applying.

Will you consent to a pre-employment drug test and post-offer employment physical agility test?

[ ]  Yes [ ]  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? [ ]  Yes [ ]  No

If no, please describe the function that cannot be performed.

**Education**

High School: City/State:

From: To: Diploma: [ ]  Yes [ ]  No

College: City/State:

From: To: Degree:

Other: City/State:

From: To: Degree:

**Licenses & Certifications**

*If you are applying for a position that requires a license or certification, please answer the following.*

Are you licensed/certified for the job for which you are applying? [ ]  Yes [ ]  No

Name and number of license/certification:

**Jobs Skills/Qualification**

Please list below the skills and qualifications you possess for the position for which you are applying:

**References**

*Please list two professional references.*

Full Name: Relationship:

Company: Phone:

Full Name: Relationship:

Company: Phone:

**Previous Employment (last 10 years)**

Company: Phone:

Address: Supervisor:

Position:

Responsibilities:

From: To: Reason For Leaving:

May we contact your previous supervisor for a reference? [ ]  Yes [ ]  No

Company: Phone

Address: Supervisor:

Position:

Responsibilities:

From: To: Reason For Leaving:

May we contact your previous supervisor for a reference? [ ]  Yes [ ]  No

Company: Phone:

Address: Supervisor:

Position:

Responsibilities:

From: To: Reason For Leaving:

May we contact your previous supervisor for a reference? [ ]  Yes [ ]  No

Are you a member of the Armed Services? [ ]  Yes [ ]  No

What branch of the military did you enlist?

What was your military rank when discharged?

What military skills do you possess that would be an asset for this position?

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Your employment with the Company is a voluntary one and is subject to termination by you or the Company at will, with or without cause, and with or without notice, at any time. Nothing in this application shall be interpreted to be in conflict with or to eliminate or modify in any way the employment-at-will status of the Company employees.

*I hereby authorize my former employers, educational institutions, and persons named herein as professional references to verify the information provided in this application, and I release them from any and all liabilities or damage arising because of furnishing such information.*

Signature: Date: