

Bev Naps Inc.
Team Member Application
 Bev Naps Inc. is an Equal Opportunity Employer

If you need any help to fill out this application form, please notify the person who gave you this form. Every effort will be made to have someone help you in a reasonable amount of time.

EMPLOYMENT DESIRED

Position Applying for (Be Specific): _____ Date you can start: ___/___/___

Wage Rate Expected: _____

PERSONAL INFORMATION

Print Full Name: _____
 First Middle Last

Present Address: _____
 Number & Street City State Zip

Are you 19 years or older? Yes No Phone Number () _____ - _____
 If NOT, what is your birth date? ___/___/___ Email _____

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain (A conviction record will not necessarily be a bar to employment. Factors such as age and time of the offense, seriousness, and nature of the violation, and rehabilitation will be taken into account.

Are you legally eligible for employment in the U.S.? Yes No
 Federal Law requires that a new employee must supply documents that prove identity and employment eligibility (e.g. Driver's License and Social Security Card or Birth Certificate)* within 3 business days of hire. Because of the importance of this requirement, we must include it as a condition of employment.

*Other documents may be used to meet this requirement. Please request information from the manager.

AVAILABILITY

Total hours available per week _____
 Shift applied for _____
 Do you have a way to get to and from work?
 _____ Yes _____ No

What prompted you to apply at our company?

 ___ Walk-in
 ___ Internet: _____
 ___ Referred by: _____
 ___ Other: _____

Please indicate the time you are available for each work day.

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
FROM							
TO							

EDUCATION/TRAINING

CIRCLE LAST YEAR OF EDUCATION COMPLETED

GRADE SCHOOL 9 10 11 12 13 14 15 16 17 18 19 20

HIGH SCHOOL ATTENDED _____ CITY, STATE _____

EMPLOYMENT HISTORY

List 3 most recent jobs, military service and self employment in the USA, beginning with the present and working backwards.

May we contact your present employer? _____ YES _____ NO

Employer's Name _____

Street _____ City _____ State _____ Zip _____

Phone () _____ - _____ Job Title _____

Dates of Employment: From ___/___/___ To ___/___/___ Average # Hrs/Wk _____

Wage Rate: Starting _____ Ending _____ How Paid: _____ Hourly _____ Salaried

Duties & Responsibilities: _____

Reason for leaving? _____

Employer's Name _____

Street _____ City _____ State _____ Zip _____

Phone () _____ - _____ Job Title _____

Dates of Employment: From ___/___/___ To ___/___/___ Average # Hrs/Wk _____

Wage Rate: Starting _____ Ending _____ How Paid: _____ Hourly _____ Salaried

Duties & Responsibilities: _____

Reason for leaving? _____

Employer's Name _____

Street _____ City _____ State _____ Zip _____

Phone () _____ - _____ Job Title _____

Dates of Employment: From ___/___/___ To ___/___/___ Average # Hrs/Wk _____

Wage Rate: Starting _____ Ending _____ How Paid: _____ Hourly _____ Salaried

Duties & Responsibilities: _____

Reason for leaving? _____

APPLICANT STATEMENT

Please read the following statements carefully:

1. I certify that the answers given, herein are true and complete to the best of my knowledge and are subject to confirmation by Bev Naps Inc.
2. I hereby acknowledge notification, in compliance with the Fair Credit Reporting Act, that Bev Naps Inc. may make such investigations and inquiries of my personal, employment, financial, or other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and all other persons contacted from all liability.
3. In the event of employment, I understand I am applying for employment which can be terminated at will by either myself or Bev Naps Inc. at any time and that nothing contained in any application, manual, brochure, or other materials shall constitute an implied or expressed contract for employment. I also acknowledge that Bev Naps Inc. may request previous employment information to evaluate my qualifications for employment. I understand that false or incomplete information in an application for employment is grounds for dismissal and forfeiture of all related benefits. I understand that I am required to abide by all company rules and regulations.
4. I also understand and agree that Bev Naps Inc. supports the Drug Free Workplace concept and as such will require me to submit to a post-accident drug test if I am injured and require medical attention as a condition of employment or continued employment. These drug tests will be administered post-accident. Refusal to submit to a post-accident drug test or a positive test will result in disciplinary action up to and including termination of employment.

Signature _____

Date _____