

**Please fill out the following questionnaire:**

**How did you hear about our opening?**

**Newspaper ad? \_\_\_\_\_**

**If so, which newspaper? \_\_\_\_\_**

**Referred by someone? \_\_\_\_\_**

**If so, who referred you? \_\_\_\_\_**

**Other? \_\_\_\_\_**

**Please explain: \_\_\_\_\_**

**AUTHORIZATION TO SEEK AND RELEASE INFORMATION,  
STATEMENT OF ACCURACY, DRUG SCREENING,  
AND EMPLOYMENT STATUS**

I authorize the officers, agents and employees of Braxton Manufacturing Co., Inc. (hereinafter referred to as COMPANY) to solicit all relevant information about this application, including the securing of a consumer report where permitted by law. This authorization for release of information includes but is not limited to matters of opinion relating to my character, ability, reputation and past conduct. I authorize and request all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information to the COMPANY, without restriction or qualification. I voluntarily waive all recourse and release them from liability for complying with this authorization. I understand that the information I provide in this application, and its support, must be complete and accurate to the best of my knowledge and that misrepresentations or omission of facts called for in this application is cause for rejection or dismissal. If information contained in any consumer report causes my rejection or dismissal, the nature and scope of that report will be supplied upon my written request.

I also understand that as a condition of employment with the COMPANY, I will be required to undergo a pre-employment drug screening. Refusal to submit to a drug screening will preclude the COMPANY from considering my application further.

I further understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the COMPANY and myself or to provide any other benefit. I understand that employment with the COMPANY is an employment-at-will. I agree that if I am employed by the COMPANY, I shall be an employee-at-will, unless different terms are agreed to in writing by an employee-at-will I have the right to terminate my employment without cause and without notice at any time and the COMPANY also has this right.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

## PERSONAL INFORMATION

			<u>DATE</u>
<b>NAME</b>			<b>SOCIAL SECURITY NUMBER</b>
LAST	FIRST	MIDDLE	
<b>PRESENT ADDRESS</b>			
STREET	CITY	STATE	ZIP
<b>PERMANENT ADDRESS</b>			
STREET	CITY	STATE	ZIP
<b>PHONE NO.</b>	<b>ARE YOU 18 YEARS OR OLDER?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS?</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

LAST

## EMPLOYMENT DESIRED

<b>POSITION</b>	<b>DATE YOU CAN START</b>	<b>SALARY DESIRED</b>
<b>ARE YOU EMPLOYED NOW?</b>		<b>IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?</b>
<b>EVER APPLIED TO THIS COMPANY BEFORE?</b>	<b>WHERE?</b>	<b>WHEN?</b>
<b>REFERRED BY</b>		

FIRST

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

MIDDLE

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

## SPECIAL SKILLS

ACTIVITIES: (CIVIC ATHLETIC ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U. S MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. [Fill in name of state.]  
 IT IS UNLAWFUL IN THE STATE OF \_\_\_\_\_ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST  
 AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL  
 BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
 IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE

SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:

DATE:

REMARKS:

NEATNESS

ABILITY

HIRED:  Yes  No

POSITION

DEPT.

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED:

1.

2.

3.

EMPLOYMENT MANAGER

DEPT. HEAD

GENERAL MANAGER

**BRAXTON MANUFACTURING CO., INC.**

\*\*\*\*\*

I acknowledge that the hours of work have been explained to me and that when I accept employment, I will work the scheduled hours. You will be evaluated regarding your performance at the completion of 120 day trial period.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_