



Bejac Corporation Notice to Job Applicants

1. Bejac Corporation requires all job applicants to pass a drug and alcohol screening before an offer of employment can be extended.
2. Any person hired into a position in which uniforms are required must pay a deposit for uniforms issued to them commencing at their hire date. This deposit usually ranges from \$320.00 to \$640.00. A payroll deduction over a period not to exceed eight weeks is available.
3. A DMV record and valid driver's license will be required for all persons driving a company vehicle, operating equipment, or driving their own personal vehicle for Company business.
4. Proof of vehicle insurance will be required for all persons driving their own vehicle for company business.
5. A physical examination is required for all new-hires before beginning work, paid for by Bejac Corporation.



Bejac Corporation Employment Application An Equal Opportunity Employer

Please Print

____/____/____ _____
Date Last Name First Name Middle

Present Address

No. & Street City State Zip

Permanent Address (if different from present address)

No. & Street City State Zip

(____) _____ (____) _____
Business Phone Home Phone

Employment Desired

Position applying for: _____

Are you applying for:

- Regular full-time work? Yes No
- Regular part-time work? Yes No
- Temporary work, e.g., summer or holiday work? Yes No

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available for work on weekends? Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? ____/____/____

Salary desired: _____

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Personal Information

Have you ever applied to or worked for Bejac Corporation before? Yes No

If yes, when? _____

Did you get referred by anyone working for Bejac Corporation? Yes No

If yes, state name (**only one**) and relationship:

Name

Relationship

Why are you applying for work at Bejac Corporation?

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? 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, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College/ University	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Vocational/ Business	Name _____ Address _____ City _____ State _____ Zip _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Do you speak, write or understand any languages other than English?..... Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Bejac Corporation ? Yes No

If so, please explain:

Answer the following questions if you are applying for a professional position:
Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____
Issuing state: _____
License/certification number _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension and date of reinstatement.

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Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

<hr/> Name of Employer	<hr/> () _____ Telephone No.
<hr/> Type of Business	<hr/> Your Supervisor's Name
<hr/> Address & Street	<hr/> City State Zip
Dates of Employment: <hr/> From <hr/> To <hr/>	Weekly Pay: <hr/> Starting <hr/> Ending <hr/>
<hr/> Your Position and Duties	
<hr/> Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<hr/> Name of Employer	<hr/> () _____ Telephone No.
<hr/> Type of Business	<hr/> Your Supervisor's Name
<hr/> Address & Street	<hr/> City State Zip
Dates of Employment: <hr/> From <hr/> To <hr/>	Weekly Pay: <hr/> Starting <hr/> Ending <hr/>
<hr/> Your Position and Duties	
<hr/> Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<hr/> Name of Employer	<hr/> () _____ Telephone No.
<hr/> Type of Business	<hr/> Your Supervisor's Name
<hr/> Address & Street	<hr/> City State Zip
Dates of Employment: <hr/> From <hr/> To <hr/>	Weekly Pay: <hr/> Starting <hr/> Ending <hr/>
<hr/> Your Position and Duties	
<hr/> Reason for Leaving	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Employment History, continued

_____ Name of Employer	(____) _____ Telephone No.		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: ____/____/____ From	____/____/____ To	Weekly Pay: _____ Starting	_____ Ending
_____ Your Position and Duties			

Reason for Leaving _____
May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.

Military Service

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If so, describe:

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ First Name	_____ Last Name	(____) _____ Telephone No	
_____ Address & Street	_____ City	_____ State	_____ Zip
_____ Occupation	_____ No. of Years Acquainted		
_____ First Name	_____ Last Name	(____) _____ Telephone No	
_____ Address & Street	_____ City	_____ State	_____ Zip
_____ Occupation	_____ No. of Years Acquainted		
_____ First Name	_____ Last Name	(____) _____ Telephone No	
_____ Address & Street	_____ City	_____ State	_____ Zip
_____ Occupation	_____ No. of Years Acquainted		

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

Date

Applicant's Signature

For Bejac Use Only

- Employment Application must be completed and signed by applicant
Initials - by prospective supervisor

- 1st interview by department manager
Initials - by prospective supervisor

- 2nd interview must be approved by Bejac Officer (s) – President / CFO
Initials - by Bejac Officer

- No drug test may be taken before 2nd interview with Bejac Officer (s)
Initials - by HR dept.

- Once job is offered – job description must be completed
Initials - by HR dept.



Bejac Corporation
EQUAL EMPLOYMENT OPPORTUNITY DATA

To be completed by applicant:

Completion of this form is entirely *voluntary*, and all information will remain confidential and will *not* affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will *not* become part of your personnel record if you are hired by this company.

Name: _____

Sex: Male Female

Race/Ethnicity: American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

To be completed by employer:

EEO-1 Category: 1. Officials and managers 6. Crafts - skilled
 2. Professionals 7. Operatives - semi-skilled
 3. Technicians 8. Laborers - unskilled
 4. Sales 9. Service Workers
 5. Office and clerical

Employer information completed by:

Name: _____ Date _____