

Brakebush Companies

Online Employment Application



Equal Opportunity Statement

This company is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits base on qualification without regard to race, color, religion, national origin, age, sec, veteran status, disability, or any other bias prohibited by federal or state law.

As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law.

Disabled applicants may request any needed accommodation.

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City		State		ZIP		
Phone		E-mail Address				
Date Available		Social Security No.		Desired Salary		
Position Applied for						
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you over the age of 18?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, how old?		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Do you have family working for the company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name?		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Do you have a valid drivers license?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DL #		
What type of employment are you interested in?						
Full-Time Only		<input type="checkbox"/>		Part-Time Only		<input type="checkbox"/>
				Temporary		<input type="checkbox"/>

EDUCATION

High School		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
College		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other		Address				
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	:	Ending Salary	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	:	Ending Salary	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Phone		
Address				Supervisor		
Job Title			Starting Salary	:	Ending Salary	
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch				From		To	
Rank at Discharge					Type of Discharge		
If other than honorable, explain							

Affirmative Action: Voluntary Self Identification Form**GENERAL APPLICANT INFORMATION**

Name			Date		
Position Applied for					

CHECK ALL THAT APPLY

Date of Birth: M: D: Y:

Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Two or More Races	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Other Protected Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Service Medal Veteran OTHER <input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> I DO NOT WISH TO SELF-IDENTIFY		
How did you hear of our opening?		
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other -Explain Below		

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.

SIGNATURE: