

EMPLOYMENT

Instructions: (No resumes in lieu of application)

1. List present or most recent position first.
2. Account for all time (including military service) for at least the past 10 years.
3. Include all paid and unpaid experience that you feel qualifies you for this position.
4. If more space is needed, attach extra sheets.

May We Write or Call About Your Qualifications?		Your Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Your Past Employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment (Month/Year) From: To:	Exact Title of Your Position	Hrs. Per Wk.
Name of Firm or Organization	Address of Employer (include City and State)	Phone Number
Type of Business or Organization	Name and Title of Immediate Supervisor	Are You Still Employed?
No. of Employees You Supervise(d)	Titles or Jobs of Those You Supervise(d)	
Describe Your Duties: <hr/> <hr/> <hr/> <hr/> <hr/>		
Dates of Employment (Month/Year) From: To:	Exact Title of Your Position	Hrs. Per Wk.
Name of Firm or Organization	Address of Employer (include City and State)	Phone Number
Type of Business or Organization	Name and Title of Immediate Supervisor	Are You Still Employed?
No. of Employees You Supervise(d)	Titles or Jobs of Those You Supervise(d)	
Describe Your Duties: <hr/> <hr/> <hr/> <hr/> <hr/>		
Dates of Employment (Month/Year) From: To:	Exact Title of Your Position	Hrs. Per Wk.
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Type of Business or Organization	Name and Title of Immediate Supervisor	Are You Still Employed?
No. of Employees You Supervise(d)	Titles or Jobs of Those You Supervise(d)	
Describe Your Duties: <hr/> <hr/> <hr/> <hr/> <hr/>		

EDUCATION

HIGHEST GRADE COMPLETED (Please check)						
Grade School		High School		College/University		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	
<input type="checkbox"/> 7	<input type="checkbox"/> 8					
SCHOOLS ATTENDED						
Last High School	City & State/Country	Did You Graduate?		Do You Have a High School Equivalency Certificate (GED)?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Colleges or Universities	City & State/Country	Major		Total Units of Credit Earned		Degree(s) Conferred
				SEM	QTR	
Other Courses or Training	Institution	Length	Completed Satisfactorily?	Date Completed (Month/Year)		
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Licenses or Certificates obtained which relate to the position for which you are applying:						
<hr/>						
<hr/>						
List professional, trade, business or civic activities and offices held which relate to the position for which you are applying. (You may exclude those which indicate any protected category such as race, color, religion, sex or national origin.)						
<hr/>						
<hr/>						
<p>I 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 have personally completed this application. I understand that any admission or misstatement of material fact on this application or 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.</p> <p>I hereby authorize BAWSCA to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to BAWSCA 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 BAWSCA and its agents, my former employers and their agents, and all other persons, corporations, partnerships and associations from any and all liability for damages that may result from furnishing this information, as well as the use or disclosure of this information.</p> <p>If I am selected for employment, I understand that all BAWSCA employment is at-will. I understand that nothing contained in the application or conveyed during any interview that may be granted is intended to create an employment contract between me and BAWSCA.</p>						
SIGNATURE OF APPLICANT		<hr/>			Date	
		Sign Your Name In Full, Including Middle Name				

VOLUNTARY EMPLOYMENT QUESTIONNAIRE

Applicant: Please complete this questionnaire as part of your application. This information is confidential, will be separated from your application and not used for any selection decision. This information is voluntary and is gathered in accordance with State and Federal laws for the purpose of evaluating the effectiveness of our equal employment opportunity efforts.

Name: _____ Date: _____ Position Applied for: _____

Are you: Male or Female? Are you age 40 or over? Yes No

Where did you hear about this job opening? _____

Ethnic Background: Check one box

- White (not of Hispanic origin): all persons in any of the original peoples of Europe, North Africa or the Middle East.
- Black (not of Hispanic origin): all persons having origins in any of the Black racial groups of Africa.
- Hispanic: all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander: all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. These areas include, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native: all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

A person with a disability is anyone who:

1. has a physical or mental impairment which substantially limits one or more major life activities, *i.e.*, walking, seeing, hearing, speaking, working or learning; or
2. has a record of such impairment; or
3. is regarded as having such an impairment.

Are you disabled according to any of the above definitions? Yes No

Are you a Veteran with a disability? Yes No

Are you a Vietnam Era Veteran? Yes No
