

# Employment Application

## Personal Information



Name (First, Middle and Last)		Social Security Number	
Present Address		Apt. No.	City
State	Zip	Home Phone Number	
Are You 18 Years or Older? Yes No	Email Address	Cell Phone Number	

**Please Note:** B.E.S.T. is an at will employer

## Desired Employment

Position		Date You Can Start		Salary Desired	
Are You Employed Now?  Yes No	If So, May We Contact Your Present Employer?  Yes No	If No, State Reason			
Have You Ever Applied to: <b>B.E.S.T?</b>  Yes No	Where?	Have You Ever Worked for: <b>B.E.S.T?</b>  Yes No	Where?		
	When?		When?		
Do you know anyone who is currently working or has worked with <b>B.E.S.T.</b> in the past?		Yes No	Name. Relationship.		
How Did You Hear About: <b>B.E.S.T?</b>		Schedules:  <b>Monday-Friday</b> 8am-12:45pm 12:15pm-4:00pm 3:30pm-6:30pm  <b>*Occasional Saturday Shifts</b>		Indicate Desired Schedule:  Part - Time ____ Full – Time ____  Number of hours per week ____	
Have you ever been discharged from any employment or asked to resign? If yes please explain under "Information."  Yes No		Information:			

## Education

School Level	Name and Location of School	No. of Years Attended?	Did You Graduate?	Subjects Studied
High School				
College				
Additional/Other				

## General

Subjects of Special Study or Research Work	
Special Training	
Relevant Skills	

## Previous Employment List the Last Three Employers Starting with the Most Recent

Name of Present or Past Employer:		Employers Phone Number	
Address		City	State      Zip
Starting Date	Leaving Date	Your Job Title	
Your Duties in This Position:			
Supervisor's Name and Title		Supervisor's Phone Number	May We Contact Your Supervisor?
Reason For Leaving			

Name of Present or Past Employer:			Employers Phone Number	
Address		City	State	Zip
Starting Date	Leaving Date	Your Job Title		
Your Duties in This Position:				
Supervisor's Name and Title		Supervisor's Phone Number	May We Contact Your Supervisor?	
Reason For Leaving				

Name of Present or Past Employer:			Employers Phone Number	
Address		City	State	Zip
Starting Date	Leaving Date	Your Job Title		
Your Duties in This Position:				
Supervisor's Name and Title		Supervisor's Phone Number	May We Contact Your Supervisor?	
Reason For Leaving				

## References

Must name **at least two Business References** whom you have **known at least one year**, and who can provide some employment details about you (non-relatives strongly preferred).

Name	Email Address	Relationship	No. of Years Acquainted?	Phone Number

## Service Record

Branch of Service:	Discharge Date and Rank
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## Physical Requirements

1. Must be able to lift 50 pounds.
2. Capable of moving from a sitting to standing position frequently.
3. Must be able to work in homes with pets.
4. Must be able to easily ascend and descend stairways.
5. Must be able to drive frequently and for extended periods of time.
6. Must be able to sit on the floor for extended periods of time.

Can you meet the physical requirements stated above? Yes No

If no, please list any reasonable accommodations needed under "Information."	Information:
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## Authorization

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I further certify that I, the undersigned applicant, have personally completed this application.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, gender bias, national origin, marital status, expunged juvenile records, pregnancy, and any and other characteristic protected by Federal, State or local law.

I authorize the investigation of all statements and information contained in this application. I 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.

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 myself and the company. In addition, I understand and agree that if I am employed, my employment is at-will, 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 to the company unless made in writing and signed by me and the company's designated representative.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information I have supplied on this application.

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Signature

Date