

Brialee Application for Employment

Please fill out form completely for employment consideration. Print and fax or mail when completed. *Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.*

Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone
City	State	Zip	Cell Phone
Are you over 18 years of age		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied for employment with us?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How did you hear about Brialee?			
Are you legally eligible for employment in the US?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by a court?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any reasons for which you might not be able to perform the job duties?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drivers License #		Any Violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position applying for?			

School	Name/Location	Course of Study	# years completed	Did you Graduate	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Work Experience:

Company Name	Telephone
Address	Employed From: _____ To: _____
Name of Supervisor	Hourly Rate
Job Title	Description of Duties
Reason for Leaving	May we contact?

Company Name	Telephone
Address	Employed From: _____ To: _____
Name of Supervisor	Hourly Rate
Job Title	Description of Duties
Reason for Leaving	May we contact?

Personal References	Please provide 2 references that you are not related to and have known over 2 years.
Name	Phone
Name	Phone
I agree and understand that I am willingly providing this information in application for a position at your company. I give you permission to verify all information provided.	
Signature:	