



522 S. 13<sup>TH</sup> ST.

Decatur, IN 46733

260-724-9131 (VOICE) 800-743-3333 (TDD) 260-724-6439 (FAX)

**APPLICATION FOR EMPLOYMENT**

(AN EQUAL OPPORTUNITY EMPLOYER)

**APPLICANT INFORMATION:**

PLEASE PRINT AND COMPLETE ALL 4 PAGES

DATE \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Maiden

Present address: \_\_\_\_\_

Street

City

State

Zip

How long: \_\_\_\_\_

S.S.#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position: \_\_\_\_\_

FULL-TIME ONLY \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

PART-TIME ONLY \_\_\_\_\_

Salary Desired: \_\_\_\_\_

FULL- OR PART-TIME

How Many Hours Can You Work Weekly?: \_\_\_\_\_ Can You Work Nights?: \_\_\_\_\_

Can You Work Weekends?: \_\_\_\_\_

**EDUCATION:**

TYPE OF SCHOOL	NAME	LOCATION (Complete mailing address)	# OF YRS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

**AFFIDAVIT:**

HAVE YOU EVER BEEN CONVICTED OF A CRIME?:  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

NOTE: You will not be denied employment solely based on a conviction record, unless the offense is related to the job for which you have applied.

DO YOU HAVE A DRIVER'S LICENSE?:  Yes  No

What is your means of transportation to work?: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State of issue: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Have you had any accidents during the past three years?: How many? \_\_\_\_\_

Have you had any moving violations during the past three years?: How Many? \_\_\_\_\_

**REFERENCES:**

Please list three references **other than relatives or previous employers:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

How do you know this person: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

How do you know this person: \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE:**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

**EMPLOYER REFERENCE #1**

Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From: _____ To: _____	Start: _____ Final: _____
	Your last job title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**EMPLOYER REFERENCE #2**

Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From: _____ To: _____	Start: _____ Final: _____
	Your last job title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**EMPLOYER REFERENCE #3**

Name of employer: _____ Address: _____ City, State, Zip Code: _____ Phone number: _____	Name of last supervisor	Employment dates	Pay or salary
		From: _____ To: _____	Start: _____ Final: _____
	Your last job title:		

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

**OTHER INFORMATION:**

May we contact your present employer?       Yes    No

Did you complete this application yourself       Yes    No

If not, who did? \_\_\_\_\_

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Biggs, Inc. (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Biggs, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and \_\_\_\_\_ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

**Applicant Initial:** \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

**Applicant Initial:** \_\_\_\_\_

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

**Applicant Initial:** \_\_\_\_\_

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, criminal records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

**Applicant Initial:** \_\_\_\_\_

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Applicant Initial:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form  
and for your interest in our business!**