

**BMI CONTRACTORS, INC.**  
**APPLICATION FOR EMPLOYMENT**

4375 Turner Rd SE, Salem, Oregon 97317  
Phone (503) 375-2222 Fax (503) 375-2225

Please complete all portions of the application. Incomplete applications will not be accepted.  
If hired, you will be required to submit identification in accordance with Immigration and Naturalization Service requirements.

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

EMERGENCY PHONE NUMBER (REQUIRED): \_\_\_\_\_

DATE AVAILABLE FOR EMPLOYMENT \_\_\_\_\_

If employed and under 18, can you furnish a Work Permit? ( ) YES ( ) NO

Have you ever been employed by this company? ( ) YES ( ) NO  
If YES, when? \_\_\_\_\_

Are you employed now? ( ) YES ( ) NO  
If YES, may we contact your present employer? ( ) YES ( ) NO  
Employer's name: \_\_\_\_\_ Phone \_\_\_\_\_

Are you prevented from lawfully being employed in this country  
because of Visa or immigration status? ( ) YES ( ) NO

Type of work desired: \_\_\_\_\_ Wages desired: \_\_\_\_\_

Driver's License no. \_\_\_\_\_ State \_\_\_\_\_

Can you perform the essential functions for this job? ( ) YES ( ) NO

Are you able to work ( ) FULL-TIME ( ) PART-TIME ( ) OVER-TIME

Have you ever been convicted of a felony? \* ( ) YES ( ) NO

\*Please note that a "YES" answer will not bar you from consideration for employment.

If YES, please explain: \_\_\_\_\_

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

School(s) attended \_\_\_\_\_ Grades completed \_\_\_\_\_  
Degrees \_\_\_\_\_

Please list special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking: \_\_\_\_\_

Please list three job references that are familiar with your qualifications, work history, and ability (no relatives please):

	<u>Name</u>	<u>Relationship</u>	<u>Years known</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT EXPERIENCE

Please list your last four jobs in order starting with the most current employer. Do not omit any job.

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from \_\_\_\_\_ (Month/Year) to \_\_\_\_\_ (Month/Year)  
Supervisor's Name \_\_\_\_\_ Job Position/Title \_\_\_\_\_  
Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from \_\_\_\_\_ (Month / Year) to \_\_\_\_\_ (Month / Year)  
Supervisor's Name \_\_\_\_\_ Job Position/Title \_\_\_\_\_  
Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from \_\_\_\_\_ (Month/Year) to \_\_\_\_\_ (Month/Year)  
Supervisor's Name \_\_\_\_\_ Job Position/Title \_\_\_\_\_  
Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employed from \_\_\_\_\_ (Month/Year) to \_\_\_\_\_ (Month/Year)  
Supervisor's Name \_\_\_\_\_ Job Position/Title \_\_\_\_\_  
Starting salary \_\_\_\_\_ Ending salary \_\_\_\_\_  
Duties: \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_  
What did you like least about your job? \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements that I have made on this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

YES

NO

I will be responsible for familiarizing myself with all rules and regulations of the Company as they presently exist or are later modified. I recognize that my employment can be terminated, at the discretion of the Company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement.

YES

NO

I also understand that no representative of BMI Contractors, Inc. has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the president.

YES

NO

I have read, understood, and agreed with the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application is valid for only ninety (90) days from the date that it is signed. If you want to be considered for any future job openings more than ninety (90) days from the date signed, you will be required to submit a new application.

BMI Contractors, Inc. is an Equal Employment Opportunity Employer. All applicants will be considered without regards to age, color, national origin, sex, or other protected status in accordance with all applicable Federal and State Equal Employment Opportunity Laws. BMI Contractors, Inc. maintains a policy of employment at will and reserves the right to discharge any employee, with or without cause, at any time.