

BAILEY

ENTERPRISES INC.



An Equal Opportunity Employer

Employment Application

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, or non-job related injury.

- **It is the policy of BAILEY ENTERPRISES, INC. to require prospective employees to pay for the pre- employment drug test. The fee of \$50.00 will be paid directly to BAILEY ENTERPRISES, INC. before the prospective employee is taken to the drug testing facility for the urine test.**
 - After thirty (30) days of continuous employment at BAILEY ENTERPRISES, INC. you will be reimbursed \$50.00 for the cost of the test.
- If you are applying for a CDL position you must fill out a [Commercial Driver Employment Application](#).
- If you have any questions regarding this policy, please contact Human Resources (307) 857-6750.

(Answer all questions completely – please print or use your computer to fill out and print)

Applicant's Name: _____

Cell Phone Number: _____ Physical Address: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip Code: _____

Number Of Years At This Address: _____

Are You At Least 18 Years Old? Yes _____ No _____

Do You Have a Valid Driver's License? Yes _____ No _____ State: _____

Driver's License Number: _____

Position Applied For? _____ Location: _____

Do You Have Experience In This Or A Related Area? Yes _____ No _____

If Yes, Give Years of Experience and Your Specific Qualifications: _____

Education

Last School Attended: _____

Area of Study: _____

Dates Attended: From: _____ To: _____

Certification/Degree: _____

City: _____ State: _____ Zip Code: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain. _____

Are you free to travel within Fremont, Park and or Sweetwater County? Yes _____ No _____

If No, please explain: _____

Working Saturday's, Sunday's, & holiday's may be a requirement for some shifts, and employee may be required to work some overtime. With that in mind, please answer the following questions:

Are you free to do shift work? Yes _____ No _____ If No, please explain: _____

Do you have any objection to: Saturday? Yes _____ No _____ Sunday? Yes _____ No _____

Are you free to work overtime hours if needed? Yes _____ No _____

Do you have any objection to working on holidays? Yes _____ No _____

Comments: _____

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience:

Personal References (Other Than Relatives)

Name: _____ Address: _____

City: _____ State: _____

How Acquainted: _____

Phone Number: _____ Mobile: _____

Name: _____ Address: _____

City: _____ State: _____

How Acquainted: _____

Phone Number: _____ Mobile: _____

Name: _____ Address: _____

City: _____ State: _____

How Acquainted: _____

Phone Number: _____ Mobile: _____

In case of emergency contact:

Name: _____ Address: _____

City: _____ State: _____

Relationship: _____ Phone Number: _____ Mobile: _____

Specialized Skills

PC Computer _____

Calculator _____

Fax _____

Microsoft Word _____

Microsoft Excel _____

Identify any other types of skills: _____

Check Skills/Equipment Operated

Production/Mobile
Machinery (List)

Other
(List)

Previous employers for the last five (5) years beginning with your last employer

(If more space is needed, use the back of this sheet.)

Name: _____ From: _____ To: _____

Address: _____

City: _____ State: _____ Zip code: _____

Position: _____ Salary: _____ per _____

Supervisor: _____ Business Phone Number: _____ Ext: _____

Reason for Leaving: _____

Previous employers, Continued

Name: _____ From: _____ To: _____

Address: _____

City: _____ State: _____ Zip code: _____

Position: _____ Salary: _____ per _____

Supervisor: _____ Business Phone Number: _____ Ext: _____

Reason for Leaving: _____

Name: _____ From: _____ To: _____

Address: _____

City: _____ State: _____ Zip code: _____

Position: _____ Salary: _____ per _____

Supervisor: _____ Business Phone Number: _____ Ext: _____

Reason for Leaving: _____

Name: _____ From: _____ To: _____

Address: _____

City: _____ State: _____ Zip code: _____

Position: _____ Salary: _____ per _____

Supervisor: _____ Business Phone Number: _____ Ext: _____

Reason for Leaving: _____

CERTIFICATION

- I certify that answers given by me herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment, or oral interview as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time.

AT WILL EMPLOYMENT

- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "**AT WILL**" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "**AT WILL**" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may prevent my being hired, or if hired may subject me to immediate dismissal. I understand, also that I am required to abide by all rules and regulations of the employer.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

- The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports, and places certain obligations on employers who use consumer reports for employment related purposes. Consistent with the requirements of the FCRA, this notice is provided to you in order to inform you that BAILEY ENTERPRISES, INC. may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information, and/or other relevant information about you.

BAILEY ENTERPRISES, INC. adheres to the Drug-Free Workplace Act of 1988.

- All BAILEY ENTERPRISES, INC. employees are subject to alcohol and/or drug testing which includes pre-employment, post accident, post injury, random, reasonable suspicion, return to duty, & follow-up testing.
- **It is the policy of BAILEY ENTERPRISES, INC. to require prospective employees to pay for the pre-employment drug test. The fee of \$50.00 will be paid directly to BAILEY ENTERPRISES, INC. before the prospective employee is taken to the drug testing facility for the urine test.** After thirty (30) days of continuous employment at BAILEY ENTERPRISES, INC. you will be reimbursed \$50.00 for the cost of the test.
- Your signature below certifies that you have read and understood the above notice and, by signing below, specifically authorize BAILEY ENTERPRISES, INC. to obtain one or more consumer reports on you for employment-related purposes, as indicated above, and authorizes BAILEY ENTERPRISES, INC. to investigate information submitted in this employment application.

If you have any questions regarding this policy, please contact Human Resources at (307) 857-6750.

SIGNATURE PAGE

Date Available to Start: _____

Print Applicant's Name: _____

Signature: _____

Today's Date: _____

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ENTERPRISES INC.

