

Application For Employment

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?

Radio Internet Newspaper Other: _____
 Employment Agency Relative Friend KansasWorks

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Phone Number(s)	Social Security Number (Voluntary)
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Best time to contact you at home is: _____:_____ am / pm

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give a date _____

Have you ever been employed with us before? Yes No
If Yes, give a date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you legally eligible for employment in the United States? **(Proof of your eligibility will be required prior to beginning work.)** Yes No

Date available for work ____/____/____ What is your desired salary range? \$_____

Are you available to work:

Full-Time (please indicate 1 2 shift)
 Part-Time (please indicate Mornings Afternoons Evenings)
 Temporary (please indicate dates available __/__/__ - __/__/__)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation?
 Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma / Degree
High School				
Postsecondary Degree or Certificate				
Other				

Describe any specialized training, apprenticeship, skills, or job-related training received in U.S. Military.

Additional Information

Specialized Skills (Check Skills/Equipment Operated)

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Parametric Modeling	<input type="checkbox"/> Robot Welder	<input type="checkbox"/> Press Brake
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> CNC	<input type="checkbox"/> MIG Welder	<input type="checkbox"/> Powder Coat
<input type="checkbox"/> CAD/CAM	<input type="checkbox"/> Laser	<input type="checkbox"/> Forklift	<input type="checkbox"/> ERP/MRP System

Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

Criminal History

Have you ever been convicted of or pled guilty, no contendere, or “no contest” to a crime, other than a minor traffic violation? If answer is Yes, this will **not** necessarily disqualify you from consideration for employment. (Do not include convictions that were sealed or expunged pursuant to a court order.)

Yes No

If Yes, please explain: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

References

1.	_____ (_____) _____	PHONE # _____
	ADDRESS _____	
2.	_____ (_____) _____	PHONE # _____
	ADDRESS _____	
3.	_____ (_____) _____	PHONE # _____
	ADDRESS _____	

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment 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 for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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.

I understand that as part of the application process, B&W Custom Truck Beds, Inc. (the "Company"), *aka B&W Trailer Hitches*, will conduct an investigation into my background, including my criminal background. This investigation will be conducted by the Company directly, rather than through use of a consumer reporting agency or other third party. Also, criminal background checks may be repeated and/or updated during employment, when, in the Company's sole discretion, the circumstances so warrant. I hereby authorize such investigations and consent to their being conducted. I further authorize the Company to investigate all statements contained in this application, to contact my present employer, past employers, and listed references, and to contact law enforcement agencies. I release the Company and its employees from any and all claims or legal liability related to the making of such investigation or reliance on the information obtained. I also authorize any person, school, current employer, past employer and organization named in this application form, as well as any law enforcement agency, to provide the Company with relevant information and opinions that may be useful to the Company in making a hiring/employment decision, and I release such persons and organizations from any legal liability for providing such information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



**1216 Hawaii Road / P.O. Box 186
Humboldt, Kansas 66748**