



An Equal Opportunity Employer

Employment Application

Date: _____

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Additional Phone #: _____

Permanent Address (if different from present address) email: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

In case of emergency notify _____

Name	Relationship	Phone
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Employment Desired

Position applying for: _____ Salary Desired: _____

How did you hear about this position? _____

Personal Information

Have you ever applied to or worked for BRIDGES, Inc. before? Yes No

If yes, when? _____

Do you have any friends or relatives working for BRIDGES, Inc.? Yes No

If yes, state name(s) and relationships:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Do you have any planned vacation or time off within the next 6 months Yes No

If yes when? _____



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If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

I am 21 years of age or older Yes No

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

If no, describe the functions that cannot be performed.

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests)



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Education and Training

College/University name: _____

No. of Years Completed: _____ Did you Graduate? Yes No Degree Diploma

What type of degree or diploma/Certification? _____

College/University name: _____

No. of Years Completed: _____ Did you Graduate? Yes No Degree Diploma

What type of degree or diploma/Certification? _____

High School name: _____

No. of Years Completed: _____ Did you Graduate? Yes No Diploma

Vocational/Business School name: _____

No. of Years Completed: _____ Did you Graduate? Yes No Certificate Other

Other Related Training name: _____

No. of Years Completed: _____ Did you Graduate? Yes No Certificate Other

Foreign Language fluency: _____ Read Write Speak

Experience * Please list all employers within the last 10 years*

Name of Employer: _____

Phone Number: _____ Type of Business: _____

Your Supervisor's Name: _____

Address & Street: _____

City: _____ State: _____ Zip Code: _____

Dates of Employment: From: _____ To: _____

Your Title and Duties: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary.



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Experience cont.

Name of Employer: _____

Phone Number: _____ Type of Business: _____

Your Supervisor's Name: _____

Address & Street: _____

City: _____ State: _____ Zip Code: _____

Dates of Employment: From: _____ To: _____

Your Title and Duties: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No *Note: Attach additional page(s) if necessary.*

Name of Employer: _____

Phone Number: _____ Type of Business: _____

Your Supervisor's Name: _____

Address & Street: _____

City: _____ State: _____ Zip Code: _____

Dates of Employment: From: _____ To: _____

Your Title and Duties: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No *Note: Attach additional page(s) if necessary.*

Name of Employer: _____

Phone Number: _____ Type of Business: _____

Your Supervisor's Name: _____

Address & Street: _____

City: _____ State: _____ Zip Code: _____

Dates of Employment: From: _____ To: _____

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References

List below three persons **NOT** related to you who have knowledge of your work performance within the last three(3) years.

Name: _____ Phone Number: _____
 Address & Street: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ No. of Years Acquainted: _____
 Relationship to you: _____

Name: _____ Phone Number: _____
 Address & Street: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ No. of Years Acquainted: _____
 Relationship to you: _____

Name: _____ Phone Number: _____
 Address & Street: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ No. of Years Acquainted: _____
 Relationship to you: _____



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Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize BRIDGES, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Applicant Signature: _____ Date: _____