

**APPLICATION FOR EMPLOYMENT
BRIGGS MANAGEMENT, INC.**

LOCATION: _____

DATE: _____ 20 _____

POSITION DESIRED: _____

FULL-TIME _____ PART-TIME _____

We are an Equal Opportunity Employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on bases prohibited by local, state or Federal law. Equal access to employment services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the company. This application is active for 30 days only.

PERSONAL INFORMATION

_____	_____	_____	() - _____	
(FIRST NAME)	(M/I)	(LAST NAME)	(HOME PHONE)	
_____	_____	_____	() - _____	
(STREET ADDRESS)	(CITY)	(STATE)	(ZIP)	(CELL PHONE)
_____	ARE YOU 21 OR OLDER? (Y/N) _____		STATE AGE IF UNDER 18 YEARS OF AGE: _____	
(EMAIL ADDRESS)				
YEARS AT PRESENT ADDRESS: _____	IF LESS THAN 3 YEARS GIVE PREVIOUS ADDRESS:			
_____	_____	_____	_____	_____
(STREET ADDRESS)	(CITY)	(STATE)	(ZIP CODE)	
IF HIRED, CAN YOU PROVIDE PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE UNITED STATES? (Y/N) _____				

FORMAL EDUCATION

_____	_____	_____
(INSTITUTION)	CITY, STATE	(DEGREE)
_____	_____	_____
(INSTITUTION)	CITY, STATE	(DEGREE)
_____	_____	_____
(INSTITUTION)	CITY, STATE	(DEGREE)

WORK EXPERIENCE

1.	/ / - / /	/ /	_____	_____
	(FROM)	(TO)	(COMPANY)	(POSITION)
	_____	() - _____	_____	
	(SUPERVISOR)	(PHONE NUMBER)	(REASON FOR LEAVING)	
2.	/ / - / /	/ /	_____	_____
	(FROM)	(TO)	(COMPANY)	(POSITION)
	_____	() - _____	_____	
	(SUPERVISOR)	(PHONE NUMBER)	(REASON FOR LEAVING)	
3.	/ / - / /	/ /	_____	_____
	(FROM)	(TO)	(COMPANY)	(POSITION)
	_____	() - _____	_____	
	(SUPERVISOR)	(PHONE NUMBER)	(REASON FOR LEAVING)	

**APPLICATION FOR EMPLOYMENT
WORK EXPERIENCE (CONTINUED)**

May we call to verify employment? _____ If not, which employer(s) and why? _____

List any experience or special training related to the job applied for: _____

Have you ever worked for this Company before? _____ If yes, where and when? _____

Responsible vendor permit # _____ State _____ Expiration: _____

PERSONAL REFERENCES

Do you know anyone who works or has ever worked for this company? _____ If yes, please give names: _____

List three persons (not relatives) that you have known for at least three years:

1.	_____	_____	() _____ - _____	_____
	(NAME)	(ADDRESS)	(PHONE NUMBER)	(OCCUPATION)
2.	_____	_____	() _____ - _____	_____
	(NAME)	(ADDRESS)	(PHONE NUMBER)	(OCCUPATION)
3.	_____	_____	() _____ - _____	_____
	(NAME)	(ADDRESS)	(PHONE NUMBER)	(OCCUPATION)

OTHER INFORMATION

Have you ever been CONVICTED of or pled no contest to an offense/crime, other than a minor traffic violation? ()Yes ()No
(Do not include convictions while a minor.) If YES, on a separate sheet of paper please state the nature of the crime/offense(s), date(s), city and state, disposition and circumstance(s). A conviction or plea record is not an automatic bar to employment and the nature, recency, disposition of a crime/offense, and other factors deemed relevant by the employer will be considered as it relates to the job for which you are applying.

Would you be willing and able to perform all tasks required by the job for which you are applying? _____ If NO, or you are , explain: _____

Person to contact in case of emergency:

_____ (Name) - _____ (Address) () _____ - _____ (Contact Number) _____ (Relationship)

STATEMENT OF CERTIFICATION

I understand that misrepresentation, omission of facts, or incomplete information requested, may result in my not being considered for employment. I certify all statements given herein are true and complete and, if employed, understand that false and misleading statements given in my application or interview(s) may result in dismissal, regardless of the time they are discovered.

I authorize investigation of all statements contained in this application and any attachments for employment as may be necessary in arriving at an employment decision. I hereby release the Company, and all persons and organizations, from any and all claims and liability of any kind arising from such investigation or the supplying of information as part of such process.

I understand that if I am employed I will be subject to a 90 calendar day introductory period. I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

_____ (SIGNATURE OF APPLICANT) _____ (PRINT NAME) _____ (DATE)