

**BG PERSONNEL SERVICES
PRE-APPLICATION QUESTIONNAIRE**

Applicant's Name

Date

Applicant's Printed name

Applicant's Phone Number

What job(s) are you applying for?

What is your expected pay rate?

How did you hear about BG Personnel Services?

Are you willing to take a drug screen according to our policy?

Yes No

Will you release your background information inclusive of criminal records?

Yes No

Applicant's Signature

Date



Dear Applicant:

Thank you for coming to BG Personnel Services and showing interest in our company. In order to best service the high volume of candidates interested in working for BG Personnel, we would like to make sure you have the following information **BEFORE** interviewing:

_____ You must have acceptable ID for the I-9 form showing you are eligible to work (example: Driver's license and SS card).

_____ We require employment records including accurate dates and phone numbers.

_____ You must be appropriately dressed for a professional interview (no jeans, shorts, t-shirts, casual clothing, etc.)

PLEASE LET US KNOW IMMEDIATELY IF YOU CAN NOT COMPLY WITH THE REQUESTS ABOVE. WE WILL BE HAPPY TO RESCHEDULE YOUR APPOINTMENT.

Thank you,

BG Personnel Services



An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

PLEASE READ BEFORE COMPLETING THIS APPLICATION.

The Company does not discriminate in the recruitment, hiring, or conditions of employment based upon race, color, religion, national origin, sex, sexual orientation, marital status, disability, age or veteran status. No question on this Application is intended to secure information to be used in a discriminatory manner.

PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Address: _____
Street Apt # City State Zip

Mailing Address: _____
Street Apt # City State Zip

Phone No. Home: () _____ Alternate Phone No.: () _____

Is the alternate phone number listed a: (circle) Pager Cellphone Add'l Home Phone Other _____

Email Address: _____

Social Security No.: _____ Driver's License No.: _____ State of Issuance: _____

Other Names Used in Previous Employment: _____

List Counties and States You've Lived In Within The past 5 years: _____

How did you hear about us?: Referred by: _____ Advertising/Newspaper _____
Advertising/Other (specify) _____ Other (specify) _____

EMPLOYMENT RELATED INFORMATION

Position applying for: _____ If hired, date you can start: _____ Minimum Hourly Wage: _____
Can you work overtime? _____

If offered the position, would you agree to a physical examination by a physician of our selection? Yes No

Have you ever plead guilty/no contest/been convicted of or placed in deferred adjudication, regarding a criminal offense? Yes No
If yes, give dates and circumstances: _____

Have you ever been involuntarily discharged from a position? Yes No
If yes, give dates and circumstances: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

EDUCATION:

| | Name and location of school | Circle last year completed | Did you graduate ? | Subjects studied &/or degree rec'd |
|---|-----------------------------|----------------------------|---|------------------------------------|
| High School | _____ | 9, 10, 11, 12 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| College | _____ | 1 2 3 4 5 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Graduate School | _____ | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Trade, Business, or Correspondence School | _____ | 1 2 3 4 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Special training relating to your ability to perform the functions of the position for which you are applying:

Equipment, machinery or special skills relative to your ability to perform the functions of the position for which you are applying. Please include your skill level and/or years of experience: _____

Activities and achievements (exclude any name of organizations which indicates the race, age, sex, color, religion, natural origin, or disability of its members) relative to your ability to perform the functions of the position for which you are applying: _____

Do you have any professional or vocational licenses or certifications that relate to the position for which you are applying? Yes No. If yes, please describe below:

| Type of license or certification | From what city, state agency, or organization | Date issued/Date expires | License number |
|----------------------------------|---|--------------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you ever had a license or certification revoked or suspended? Yes No.

If yes, please explain: _____

FORMER EMPLOYERS:

1. Most Recent Employer

Name of Company _____ Dates: From ___/___ To ___/___

Supervisor _____ Phone Number (_____)

Address _____
Street City State Zip

Position _____ Pay Rate _____ circle one: Hourly Weekly Monthly

Why did you leave? _____

2. Employer

Name of Company _____ Dates: From ___/___ To ___/___

Supervisor _____ Phone Number (_____)

Address _____
Street City State Zip

Position _____ Pay Rate _____ circle one: Hourly Weekly Monthly

Why did you leave? _____

3. Employer

Name of Company _____ Dates: From ___/___ To ___/___

Supervisor _____ Phone Number (_____)

Address _____
Street City State Zip

Position _____ Pay Rate _____ circle one: Hourly Weekly Monthly

Why did you leave? _____

HAVE YOU EVER WORKED FOR A TEMPORARY PERSONNEL SERVICE?

Name of Service Where Worked How Long Supervisors Name/Phone#

1. _____

2. _____

3. _____

4. _____

ADDITIONAL PROFESSIONAL REFERENCES:

- 1. Name of person _____ Name of company _____
Position/title of reference _____ Direct phone contact number (____) _____
- 2. Name of person _____ Name of company _____
Position/title of reference _____ Direct phone contact number (____) _____
- 3. Name of person _____ Name of company _____
Position/title of reference _____ Direct phone contact number (____) _____

| | | |
|-------------------------------|---------|--------------|
| In case of emergency notify : | | |
| _____ | _____ | (____) _____ |
| Name | Address | Phone No. |

CERTIFICATION, CONSENT AND AUTHORIZATION:

APPLICANT PLEASE READ AUTHORIZATION

I agree, if employed by you, that if I ever make claims against you for personal injuries, upon your request I shall submit to examinations by physicians of your selection. My employment may be terminated by you at any time without liability to me except for wages as have been earned by me as of the date of such termination. I understand that if accepted for employment, I will be working for you on your payroll, at your clients' premises. I understand that any information I learn while working for a client is to be kept confidential. It is agreed that I will obtain your permission before discussing permanent employment with your client. I also agree to call the BG Personnel Services office between the hours of 8:00 a.m. and 9:00 a.m. the next regular work day following the completion of my assignment to make myself available for work. If I fail to do so, BG Personnel Services may assume that I'm not available for work, that I voluntarily quit, and that unemployment benefits may be denied. I agree that I will not work more than 40 hours per week without notifying BG Personnel Services. I state that the information provided you in this application is true and complete. I understand that it shall be grounds for immediate dismissal if any of the information contained herein is found to be untrue. I will hold you harmless from any claims including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application.

I understand and agree that BG Personnel Services will verify all or part of the information I have given during the interview process. I understand this verification may include an inquiry into my motor vehicle driving record, criminal and civil records as well as other public record information. I give my permission to contact any former employer, school, college or university, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, education, or employment record, and I give my consent to any such source to release to BG Personnel Services whatever information they have about me. I also unconditionally release BG Personnel Services and all named and unnamed sources from any and all liability which might result from furnishing any information about me. I understand that this application is not a contract of employment.

Applicant Name (Print) _____

Date _____ Signature _____

Date _____ Witness _____