

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or anyother legally protected status.

Please Print

Position(s) Applied For:	Application Date (mo/day/yr)
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How did you learn about Budzar Industries?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Stop In	<input type="checkbox"/> Other _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Job Fair	

Last Name	First Name	Middle Name
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Street Address	City	State	Zip Code
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Home Phone	Cell Phone	Social Security Number (Voluntary)

Best time to contact you at home is? _____ AM
 PM *Circle one* Are you currently employed? Yes No

If you're under 18 years of age, can you provide required proof of your eligibilty to work? Yes No

May we contact your present employer? Yes No

Have you ever applied at Budzar Industries before? (If Yes, please supply application date) _____ Yes No

Have you ever been employed by Budzar Industries before (If Yes, please supply date) _____ Yes No

Is your spouse or are any relatives or friends employed by Budzar Industries? (If yes, please list name/s) _____ Yes No

_____ Yes No

Have you ever been convicted of a felony? Yes No

Are you authorized to work in the U.S? (*Proof of citizenship or immigration status will be required upon employment*) Yes No

Date available for work / / Full-time Part-time Desired salary range? _____

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

Are you able to travel? Yes No

Specialized Skills - Check all that apply

- | | | | | | | | |
|-------------------------------------|--------------------------------------|---|--|--|------------------------------------|---|--|
| <input type="checkbox"/> Welding | <input type="checkbox"/> Electrical | <input type="checkbox"/> HVAC/R | <input type="checkbox"/> Machine Builder | <input type="checkbox"/> Painter | <input type="checkbox"/> Insulator | <input type="checkbox"/> Shipping/Receiving | <input type="checkbox"/> General Labor |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Engineering | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Other (explain) _____ | | | |

Employment Experience

Start by listing 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.

1	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly Rate/Salary		
			Starting	Final	
	Telephone Number				
Job Title	Supervisor				
Reason for Leaving					
2	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly Rate/Salary		
			Starting	Final	
	Telephone Number				
Job Title	Supervisor				
Reason for Leaving					
3	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly Rate/Salary		
			Starting	Final	
	Telephone Number				
Job Title	Supervisor				
Reason for Leaving					
4	Employer		Dates Employed		Work Performed
			From	To	
	Address		Hourly Rate/Salary		
			Starting	Final	
	Telephone Number				
Job Title	Supervisor				
Reason for Leaving					

List professional, trade, business or civic activities and offices held.

You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Please state any additional information you feel may be helpful to us in considering your application

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other (Please Specify				

References

(Name) (email) (Phone # - please include area code)

(Name) (email) (Phone # - please include area code)

(Name) (email) (Phone # - please include area code)



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. 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 result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

For Personnel Department Use Only

Arrange Interview

Yes

No

Remarks/Notes

Employed

Yes

No

Date of Employment

Job Title

Hourly Rate/Salary

Department

By

