



Date ____/____/____

EMPLOYMENT APPLICATION

A clear understanding of your interests, training, experience, and other pertinent information will be mutually beneficial. To be assured of full consideration for positions that would meet your qualifications, please answer all questions completely. We will consider your application without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, or any other legally protected status under applicable local, state, or federal law. To the extent this application requests information that does not comply with applicable local or state requirements, such information will not be used in making a hiring decision. Applicants will be required to take a pre-employment drug test. Please print clearly.

PERSONAL HISTORY

Name _____

(First)

(MI)

(Last)

Home Phone (____) _____ Cell Phone (____) _____ Email _____

Home Address _____

(Street)

(City)

(State)

(Zip)

Have you ever been employed by Bayside before Yes No Why did you leave? _____

If yes, under what name (if different) _____ Approximate Dates _____

Position _____ Supervisor's Name _____

Applying for: Part Time Full Time Wage Expected \$ _____ per hour or \$ _____ Annually

Job(s) applying for _____

Are you currently laid-off and subject to recall? Yes No

When are you available to begin work? ____/____/____ What shifts(s) are you able to work? 1st 2nd 3rd

Are you available for overtime if and when necessary? Yes No Weekend Work? Yes No

(Bayside Machine Corp will attempt to reasonably accommodate an applicant's religious needs as required by law.)

Do you have reliable transportation? Yes No

If you are under 18, please provide date of birth: ____/____/____ Can you provide a work permit Yes No

In case of emergency, whom should we notify?			
_____	_____	_____	_____
(Name)	(Relationship)	(Address)	(Phone)

<p>Have you ever been charged with, pleaded no contest, convicted of, or fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (excluding parking tickets) regardless of the nature of the penalty or the fine for that offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:</p>
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If you are in doubt about the nature of any offense, please list. However, no applicant will be denied consideration because of a pending charge, past conviction, offense, violation, or fine that is not substantially related to the circumstance of the job sought. Failure to disclose information requested above will be considered falsification and grounds for refusal to hire or termination of employment.)

EDUCATION

Highest grade completed (1-12): _____ High school diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No GED/HSED : <input type="checkbox"/> Yes <input type="checkbox"/> No	Technical School/College (years attended): _____ Major/Course of Study _____ Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last School Attended	Location	Date
Additional education, vocational or technical training information		
Briefly list your computer skills, abilities and software knowledge		

EMPLOYMENT HISTORY

Please provide full and accurate details regarding all full-time and part-time employment. Do not omit any employer. Attach additional pages if necessary. You must complete this section even if you provide a resume.

1. Company Name:	Telephone: ()
Address:	Employment (Month & Year)
Supervisors Name:	From: ____/____/ To: ____/____/
Job Title and Brief Summary of Duties	Hourly Pay Rate Start: Last:
	Reason For Leaving?
	Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Company Name:	Telephone: ()
Address:	Employment (Month & Year)
Supervisors Name:	From: ____/____/ To: ____/____/
Job Title and Brief Summary of Duties	Hourly Pay Rate Start: Last:
	Reason For Leaving?
	Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Company Name:	Telephone: ()
Address:	Employment (Month & Year)
Supervisors Name:	From: ____/____/ To: ____/____/
Job Title and Brief Summary of Duties	Hourly Pay Rate Start: Last:
	Reason For Leaving?
	Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No

Bayside Machine will contact all listed employers for references unless an applicant indicates an employer he/she does not want us to contact.

Do Not Contact / Reason
Do Not Contact / Reason

Please list any relatives currently employed at Bayside Machine Corp.

(We comply with all prohibitions on marital status discrimination as required under applicable state law.)

Employee Name	Relationship
1.	
2.	
3.	

MILITARY SERVICE (If Applicable)

Length of Service	Rank Held in Service
Do you have any ongoing military obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain
Present Status: <input type="checkbox"/> None <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves	
Date of Discharge / /	
Share any special training or assignment you would like us to consider :	
Our company's policy will comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA)	

REFERENCES

List three (3) Employment or Personal Reference ** DO NOT LIST RELATIVES

Name:	Phone:
Company:	Address or Email:
Position:	Reference Type: <input type="checkbox"/> Employment <input type="checkbox"/> Personal

Name:	Phone:
Company:	Address or Email:
Position:	Reference Type: <input type="checkbox"/> Employment <input type="checkbox"/> Personal

Name:	Phone:
Company:	Address or Email:
Position:	Reference Type: <input type="checkbox"/> Employment <input type="checkbox"/> Personal

