

BASIN

MATERIAL HANDLING



BMH-TX

APPLICATION FOR EMPLOYMENT PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION													
Last Name					First Name				Middle Initial		Today's Date		
Address									Apartment/ Unit #				
City					State			Zip Code					
Phone #					E-mail Address								
Position Applying for				Desired Wage	\$	Date you can start				Referred By			
Are you Employed now?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, may we contact your current employer? YES <input type="checkbox"/> NO <input type="checkbox"/>								
Are you at least 18 years of age?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		Are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>			
Have you ever worked for this company?	YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			Reason for Leaving					
Do you have reliable transportation?	YES <input type="checkbox"/>		NO <input type="checkbox"/>										
How did you hear about this job? <input type="checkbox"/> Employment Agency <input type="checkbox"/> State Employment Office <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Friend <input type="checkbox"/> Walk in													
<input type="checkbox"/> College Placement Svc <input type="checkbox"/> Online Job Search Website: _____ <input type="checkbox"/> Other _____													
EDUCATION HISTORY													
High School					Address								
Year Completed	1	2	3	4	GED	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
College					Address								
Year Completed	1	2	3	4	5	6	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree (s) Earned			
Trade, Business or Other					Address								
Year Completed	1	2	3	4	5	6	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree (s) Earned			
MILITARY SERVICE													
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Branch		From		To		Type of Discharge		Rank at Discharge			



REFERENCES*Please list three professional references*

Full Name		Relationship	
Company and Address		Phone Number	
Full Name		Relationship	
Company and Address		Phone Number	
Full Name		Relationship	
Company and Address		Phone Number	

EMPLOYMENT HISTORY

Current or Most Recent Employer		Phone #			
Address					
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities and Description of Work					
Date From		Date To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisor Name:	
Previous Employer		Phone #			
Address					
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities and Description of Work					
Date From		Date To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisor Name:	
Previous Employer		Phone #			
Address					
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities and Description of work					
Date From		Date To		Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Supervisor Name:	

SKILLS (check all that apply)Production Skills: Blue Print Tape Measurement Air Tools MIG Welding Fork Lift Other: _____Office Skills: Standard Office Machines Filing MRP System Micro Soft Office Other: _____

What languages do you speak/write/read fluently? _____



ACKNOWLEDGMENT

I understand and agree that, in the event that I am offered a job, I may be required to take one or more physical examination drug test, as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents, or employees from any claim arising in connection with the use of such test(s), other than claims related to privacy violations and/or discrimination under applicable federal and state laws. I understand that all potential employees are required to take a physical exam and/or drug test and that, in compliance with federal law, the records of such tests will be kept confidential and the information obtained will not be used to discriminate on the basis of disability, health problems, or medical conditions. YES NO

AUTHORIZATION & SIGNATURE

"I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that falsified information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any other pertinent information they have, personal or otherwise, and release the company from all liability for any damages that may result from utilizing such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment"

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature: _____ Date: _____

DO NOT WRITE IN THE AREA BELOW – FOR OFFICE USE ONLY

1st Interview Date: _____ **Interviewed by:** _____

Remarks: _____

2nd Interview Date: _____ **Interviewed by:** _____

Remarks: _____

Hire Date: _____ **Dept:** _____ **Position:** _____ **Start Date:** _____ **Wage:** _____

Approval 1
HR Representative: _____ Date: _____

Approval 2
Department Manager: _____ Date: _____

Approval 3
General Manager: _____ Date: _____



BASIN



MATERIAL HANDLING

Authorization for Background Screening and Drug Testing

I authorize Basin Material Handling, or its agents to conduct an investigation and verification of all statements and information contained in this application that they may deem relevant to evaluating my qualifications for employment. I authorize all my previous employers or other persons having information concerning me or my record of employment to report such information. I release each such person, employer or its agents from all claims and liability whatsoever arising out of such an investigation and disclosure of my background.

I understand that the company to which I am applying for employment will seek to keep all such information confidential except where such information is required to be released by law.

Upon receiving a conditional offer of employment by this company, I agree to submit to a physical examination and/or testing for illegal drugs by a doctor or facility designated by and at the expense of the company. I also agree to submit to testing for alcohol and/or illegal drugs if requested at subsequent intervals as the company may direct during the course of my employment. I understand that refusal to submit to such testing may result in my dismissal. I agree to permit collection of urine, blood, saliva, hair and/or other samples from me to conduct this testing to determine the presence or use of alcohol and/or drugs. Further, I agree to the release of drug test results and other relevant medical information to authorized representatives of the company. I also understand that my employment is contingent upon passing such testing.

I have read, understand and agree to the above.

Applicant Name

Social Security Number

Birthdate

Other Names Used (past 7 years)

Applicant Signature

Date