



Application for Employment

It is the policy of BGI Contractors to provide equal opportunity with regard to all terms and conditions of employment. BGI complies with federal and state laws, prohibiting discrimination on the basis of race, color, religion, creed, national origin, gender, disability, veteran status, age or any other protected characteristic.

* DENOTES REQUIRED FIELD

*Name _____ *Home Phone _____

Cellular/Other Phone _____ Email _____

*Address _____

*City/State/Zip _____

*Position(s) Applied For _____

*How were you referred to our company? _____

*Type of work desired Full-time Part-time Shift Work Temporary

*On what date would you be available for work? _____

*Have you ever been employed here before? Yes No *If yes, give dates* _____

*Do you have a legal right to be employed in the USA? Yes *(If yes, proof is required if hired)* No

*Are you over 18 years of age? Yes No

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

*Can you travel if a job requires it? Yes No

If driving may be required in the job for which you are applying, please provide your driver's license number.

DL# _____ State _____

Have you ever had a license suspended or revoked? Yes No *If yes, provide details* _____

Educational Background

High School: _____ Location _____

Years Attended _____ Did you graduate? Yes No Course of Study or Degree _____

College: _____ Location _____

Years Attended _____ Did you graduate? Yes No Course of Study or Degree _____

Graduate School: _____ Location _____

Years Attended _____ Did you graduate? Yes No Course of Study or Degree _____

Vocational or other training: _____ Location _____

Years Attended _____ Did you graduate? Yes No Course of Study or Degree _____

Continuing Education: _____

Skills & Training

List any specialized training, apprenticeships, skills and extra-curricular activities: _____

List any job-related training received in United States Military: _____

List any languages you can speak, read, and/or write:

<input type="checkbox"/> English	<input type="checkbox"/> Speak	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Read	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Write	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
<input type="checkbox"/> Other _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Read	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Write	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
<input type="checkbox"/> Other _____	<input type="checkbox"/> Speak	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Read	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Write	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Specialized Skills Check skills and list years of experience

TRADES	Years of Experience
<input type="checkbox"/> Plate Welder	_____
<input type="checkbox"/> Plate Fitter	_____
<input type="checkbox"/> Pipe Welder	_____
<input type="checkbox"/> Pipe Fitter	_____
<input type="checkbox"/> Combo Welder (mig, tig, chrome, stainless, nickle, etc.)	_____
<input type="checkbox"/> Light Equipment Operator (forklift, man-lift, etc.)	_____
<input type="checkbox"/> Heavy Equipment Operator (dozer, backhoe, trackhoe, etc.)	_____
<input type="checkbox"/> Crane Operator	_____
<input type="checkbox"/> Boiler Maker	_____
<input type="checkbox"/> Machinist (inside or outside)	_____
<input type="checkbox"/> Electrician	_____
<input type="checkbox"/> Helper / Laborer	_____
<input type="checkbox"/> Fire Watch / Hole Watch	_____
<input type="checkbox"/> Rigger / Iron Worker	_____
<input type="checkbox"/> Form Carpenter	_____
<input type="checkbox"/> Finish Carpenter	_____
<input type="checkbox"/> Scaffold Carpenter	_____
<input type="checkbox"/> Layout (read blueprints, drawings, etc.)	_____
<input type="checkbox"/> Foreman (civil, pipe, structural, tank, etc.)	_____
<input type="checkbox"/> General Foreman	_____
<input type="checkbox"/> Supervisor	_____

CLERICAL	Years of Experience
<input type="checkbox"/> Microsoft Office	_____
<input type="checkbox"/> Excel	_____
<input type="checkbox"/> Power Point	_____
<input type="checkbox"/> Access	_____
<input type="checkbox"/> 10-Key Punch	_____
<input type="checkbox"/> General Office Duties	_____
<input type="checkbox"/> Switch Board	_____
OFFICE ASSISTANCE	
<input type="checkbox"/> A/P	_____
<input type="checkbox"/> Payroll	_____
<input type="checkbox"/> A/R	_____
<input type="checkbox"/> Shipping & Receiving	_____
MANAGEMENT / SUPPORT	
<input type="checkbox"/> Superintendent	_____
<input type="checkbox"/> Project / Site Manager	_____
<input type="checkbox"/> Safety Representative	_____
<input type="checkbox"/> CAD Draftsman	_____
<input type="checkbox"/> Engineering	_____
<input type="checkbox"/> Sales	_____
<input type="checkbox"/> Estimating	_____
<input type="checkbox"/> Purchasing	_____
<input type="checkbox"/> Accountant	_____
<input type="checkbox"/> Planner / Scheduler	_____
<input type="checkbox"/> Time Keeper	_____

Please list any other qualifications or job-related skills: _____

Employment Experience

Put an by the employer(s) you do not want us to contact. List the most recent employer first.

1. **Employer** _____

Address _____

Position _____ Supervisor _____

Email _____ Phone _____

Date Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting \$ _____ final \$ _____

Reason for leaving _____

2. **Employer** _____

Address _____

Position _____ Supervisor _____

Email _____ Phone _____

Date Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting \$ _____ final \$ _____

Reason for leaving _____

3. **Employer** _____

Address _____

Position _____ Supervisor _____

Email _____ Phone _____

Date Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting \$ _____ final \$ _____

Reason for leaving _____

4. **Employer** _____

Address _____

Position _____ Supervisor _____

Email _____ Phone _____

Date Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting \$ _____ final \$ _____

Reason for leaving _____

5. **Employer** _____

Address _____

Position _____ Supervisor _____

Email _____ Phone _____

Date Employed: from (mm/yy) _____ to (mm/yy) _____ Hourly rate/salary: starting \$ _____ final \$ _____

Reason for leaving _____

Additional Questions

*Can you perform the requirements of the job for which you are applying, either with or without reasonable accommodation?

Yes No

You are not required to disclose existence of any disability at this time, but may, if you choose voluntarily to do so, state whether reasonable accommodations may be needed and, if so the job duties for which reasonable accommodation would be needed and describe your proposed method of accommodation:

*How many moving traffic violations have you received in the last two years ? _____

Traffic violation convictions or pleas of guilt or no contest do not necessarily disqualify applicants.

*Have you been convicted of a misdemeanor or felony within the last 7 years? Yes No

Convictions or pleas of guilt or no contest do not necessarily disqualify applicants.

If Yes, please explain _____

*Have you ever been discharged for misconduct, including fighting, physical or verbal threats, horseplay in the workplace, or other intentional or reckless violation of the employer's rules? Yes No

If Yes, please explain _____

I understand and agree that I am not eligible to become an employee unless I first pass a drug screen in compliance with the company's requirements.

I understand and agree that employment with the company, if offered, is conditioned upon my successfully passing a post-offer medical assessment and examination to determine fitness for duty.

I understand that my employment eligibility and job assignment, if I am offered employment, is also subject to my ability to satisfy the requirement of BGI's customer, including security screening and other premises access conditions.

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above, or on my resume, from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures.

* I AGREE TO THESE TERMS

Date _____

Applications will be considered active for 3 months from the date submitted. Applications must be resubmitted after that time for the applicant to be considered for positions then open.

Personnel Department Use Only

Arrange Interview

Yes No

Remarks _____

Interviewer _____

Interview Date _____

Employed

Yes No

Date of Employment _____

Job Title _____

Department _____

Hourly Rate/Salary _____

By _____

Date _____