



APPLICATION FOR EMPLOYMENT

Please complete all requested information in its entirety. Resumes will not be accepted in lieu of completion of the application, but may be attached to provide additional information. BFS, Inc. is An Equal Opportunity Employer. Applicants requiring accommodation in the interview process should contact our office. This application for employment is valid for a three-month period after submission to the Company and only for the position applied.

Last Name	First Name	Middle Initial	Today's Date
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Street Address/Apt.#	City	State	Zip Code
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Telephone Number	
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Have you previously **applied** for a job with this Company? If yes, when and where?

Have you ever been **employed** by this Company? If yes, when and where?

Do you have friends or relatives working for the Company? If yes, name, relationship and store location?

U.S. citizens or aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? Yes _____ No _____

How did you hear about this vacancy? Newspaper _____ School/College _____ Employment Agency _____
 Craigslist _____ Online _____ Friend/Relative(please name) _____ Other _____

Do you have a valid driver's license? Yes _____ No _____ Type: _____ State Issued: _____ Expiration Date: _____
 Some positions may require use of a personal vehicle. If use of such a vehicle is required in the job for which you are applying, would there be a problem? Yes _____ No _____

Which location are you applying to: _____
 Position Desired: _____ Salary/Wage Desired: \$ _____ per week OR \$ _____ per month
 Status Desired: _____ Full Time (35+ hours/week) _____ Part Time (under 20 hrs/week)

AVAILABILITY: Store positions require flexibility in schedules. Please indicate your availability below. Note: Subsequent changes that limit availability may result in changes to employment status and/or termination of employment at the discretion of management.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Specify time (For example, 6 am – 9 pm)							

Are you willing to work overtime, nights, weekends and holidays? Yes _____ No _____

EDUCATION AND SKILLS:

	School Name	City/State	Graduated? (yes/no)	Degree Earned
High School				
College				
Other				

Indicate any experience you have by checking below as appropriate:

Cash Register _____ Calculator _____ 10 Key Machine _____ Computer _____ Other (specify) _____

We are committed to being a Drug Free Workplace

EMPLOYMENT BACKGROUND: Please list ALL JOBS you have held for the past seven years, beginning with your present or last employer. Account ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, SCHOOL, and U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or an additional form.

1. Employer _____ City/State: _____ Phone # _____
 Start Date(Month/Year) _____ End Date (Month/Year) _____ Position: _____ Supervisor: _____
 Duties: _____
 Reason for Leaving _____ Start Pay _____ End Pay _____

2. Employer _____ City/State: _____ Phone # _____
 Start Date(Month/Year) _____ End Date (Month/Year) _____ Position: _____ Supervisor: _____
 Duties: _____
 Reason for Leaving _____ Start Pay _____ End Pay _____

3. Employer _____ City/State: _____ Phone # _____
 Start Date(Month/Year) _____ End Date (Month/Year) _____ Position: _____ Supervisor: _____
 Duties: _____
 Reason for Leaving _____ Start Pay _____ End Pay _____

4. Employer _____ City/State: _____ Phone # _____
 Start Date(Month/Year) _____ End Date (Month/Year) _____ Position: _____ Supervisor: _____
 Duties: _____
 Reason for Leaving _____ Start Pay _____ End Pay _____

Specify any hobbies or experience you have in the areas of **crafts** or **hardware** that may be relevant to the position you are applying for.

REFERENCES: Please provide two references who are not related to you and are not previous employers.

Name	Address	Phone Number
1.		
2.		

AUTHORIZATION AND RELEASE (Please read carefully before signing):

I certify that the information contained in this application is true and correct to the best of my knowledge, and understand that any false or misleading statement or material omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment. If employed by the Company, I agree to conform to the guidelines and policies of the company, and understand that my employment is At-Will and can be terminated at any time and for any reason. I consent to and authorize the Company to make a full and complete investigation of my personal or employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or other entity to provide the Company with any information of any sort (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers from any liability as a result of furnishing and receiving this information. I understand and agree that I may be required to submit to drug testing, a post-offer medical examination and criminal history check, as part of my application for employment. The Company will pay the cost of such medical examination. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know or where required by law. Although the Company makes every effort to accommodate individual preferences, business needs make some of the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule which includes Saturday, Sunday, and holidays. I understand and accept these as conditions of employment. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if the Company employs me.

AUTHORIZATION/SIGNATURE OF APPLICANT: _____ **DATE:** _____