

BBS Construction Services, LLC

Employment Application

Applicant Information										
Full Name:								Date:		
	Last		Firs	t			M.I.			
Address:										
	Street Address							Apartment/U	nit #	
	City						State	ZIP Code		
Phone:					Email					
Date Available: Social Security No.:_					Desired	Desired Salary:				
Position Applied for:										
Are you a citizen of the United States? YES NO			_	$\begin{array}{ccc} & & & \text{YES} & \text{NO} \\ \text{If no, are you authorized to work in the U.S.?} & & & & \\ \hline \end{array}$						
			YES	NO	If yes, wh	en?_				
Have you ever been convicted of a felony?			YES	NO						
If yes, explain:										
Education										
High Schoo	pol: Address:									
From:	To:	Did	you gr	aduate	YES	NO	Diploma:			
College:			A	Addres	s:					

From:	To:_	Did y	ou graduate?	YES	NO	Degre	ee:		
Other:			Address	:					
From:	To:_	Did y	ou graduate?	YES	NO	Degre	ee:		
	References								
Please list	Please list three professional references.								
Full Name:						R	elationship:		
							Phone:		
Address:									
Full Name:						R	elationship:		
Company:							Phone:		
Address:									
Full Name:						R	elationship:		
Company:							Phone:		
Address:									
			Previous E	mploy	ment				
Company:							Phone:		
Address:							Supervisor:		
Job Title:	Starting Salary:\$					Ending Salary:\$			
Responsibil	ities:								
From:	To: Reason for Leaving:								
May we cor reference?	ntact your previ	ous supervisor fo	or a	YES		NO			
Company:							Phone:		
Address:							Supervisor:		
Job Title:	Starting Salary:					Ending Salary:			
Responsibil	ities:								
From:		To:		Reasor	n for Le	aving:			
May we cor reference?	ntact your previ	ous supervisor fo	or a	YES	1	NO			

Phone:

Company:

_									
Address: _				Supervisor:					
Job Title: _	Starting Salary:			Ending Salary:					
Responsibilit	ies:								
From:	To:	Reason	for Leaving:_						
May we cont reference?	act your previous supervisor for	a YES □	NO						
Military Service									
Branch:			From:		To:				
Rank at Disc	harge:	Type o	of Discharge:						
If other than honorable, explain:									
Disclaimer and Signature									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature:				Date:					

Employment Disclosure and Release Form

I hereby authorize _BBS Commercial Property Services, Inc._ (hereafter "the Company" or "Employer"), its employees, agents, private investigators or any representative of the aforesaid company, to perform investigations into my background, past behavior, to my character, general reputation, and mode of living including but not limited to these.

Usage

I understand that the information gained from this investigation, in whole or in part, may be used to determine my suitability for employment with Company.

I understand that I may be asked to complete a psychological profile. I understand that I may be asked to complete a skill, logic, or other test. I further understand that the results of which, whether in whole or in part, may be used to determine my suitability for employment with Company.

Investigative Consumer Reports

I authorize the Company to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

Education and Employment

I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested. I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all drug and alcohol testing results.

Authorization and Understanding

I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent, or representative of the Company. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment. I understand that the information requested is for the use by the Company and may be re-disclosed only as authorized by law.

Release and Indemnification

I indemnify, release, and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, supervisors, managers, coworkers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, damages, losses and expenses, and/or liabilities arising out of, or related to, such investigations, disclosures, or admissions including reasonable attorney's fees arising out of or by reason of complying with this request.

Waiver of Certain Rights

I understand my rights under Title 5. United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by Company in conjunction with employment procedures.

Miscellaneous

I specifically understand that it is necessary for me to release my date of birth and I hereby agree to release my date of birth for the purposes of performing this investigation.

A agree to allow Company to provide a copy of this agreement to any other entity who provides information to Company about me.

I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I agree that a photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Duration

This waiver, in the original or copy form, is valid and will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the company at any time.

Acceptance and Full Authorization									
Full Name Printed									
Current Street Address	<u>; </u>								
City	State	Zip Code	Phone						
·									
Maiden Name or Names (if any)									
Social Security Number		Date of Birth	_ / /						
Signature									
Date Signed									