

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_

Emergency Number & Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type 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: \_\_\_\_\_

**CHECK (X) FOR ACTUAL EXPERIENCE**

- |   |                                   |                                  |                        |
|---|-----------------------------------|----------------------------------|------------------------|
| <b>Accounting</b>                         | <b>Insurance</b>                  | <b>Sales</b>                     | <b>Human Resources</b> |
| <input type="checkbox"/> Staff Accounting | <input type="checkbox"/> Life     | <input type="checkbox"/> Inside  | _____                  |
| <input type="checkbox"/> CPA              | <input type="checkbox"/> Property | <input type="checkbox"/> Outside |                        |
|   | <input type="checkbox"/> Other    |                                  |                        |

Driver License Number \_\_\_\_\_ CDL \_\_\_\_\_ State \_\_\_\_\_  
Class \_\_\_\_\_ Expires \_\_\_\_\_ Date \_\_\_\_\_

**CHECK (X) FOR ACTUAL EXPERIENCE**

- |   |   |  |   |
|---|---|--|---|
| <b>WAREHOUSE</b>                              | <b>LIGHT SERVICES</b>                     | <b>MACHINE OPERATOR</b>                    |   |
| <input type="checkbox"/> Manual Records       | <input type="checkbox"/> Truck Helper     | <input type="checkbox"/> Injection Molding | <input type="checkbox"/> Shear Operator |
| <input type="checkbox"/> Computerized Records | <input type="checkbox"/> Lumber Handling  | <input type="checkbox"/> Welder            | <input type="checkbox"/> Brake Press    |
| <input type="checkbox"/> Shipping             | <input type="checkbox"/> Landscaping      | <input type="checkbox"/> Tig               | <input type="checkbox"/> Punch Press    |
| <input type="checkbox"/> Receiving            | <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Mig               | <input type="checkbox"/> Lathe          |
| <input type="checkbox"/> Inventory            | <input type="checkbox"/> Furniture Moving | <input type="checkbox"/> Other             | <input type="checkbox"/> CNC            |
| <input type="checkbox"/> Packaging            | <input type="checkbox"/> Grinder          |  | <input type="checkbox"/> Other          |
| <input type="checkbox"/> Order Selector       |   |  |   |

**ASSEMBLY**

- Mechanical Parts Assembly
- Plastic Assembly
- Valve Assembly
- Electronic Bench Assembly
- Soldering / Welding
- Wiring Assembly
- Cable Assembly

**FORKLIFT**

- Pallet Jack
- Stand UP
- Sit Down
- Cherry Picker
- Front End loader
- Other

**PLANT EXPERIENCE**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Operations</b> | <input type="checkbox"/> <b>Expeditor</b> |
| <input type="checkbox"/> Manager           | <input type="checkbox"/> Quality Control  |
| <input type="checkbox"/> Supervisor        |   |
| <input type="checkbox"/> Safety            |   |
| <input type="checkbox"/> Metal Fabrication |   |

**Mechanic**

- Auto/ Truck
- Diesel
- Aircraft
- A&P
- Equipment

+

**AUTHORIZATIONS-** Read and initial each paragraph, then sign below:

\_\_\_\_\_ TRUTHFULNESS OF APPLICATION: I certify that the facts set forth in the application are true and complete to termination of my employment.

\_\_\_\_\_ AUTHORIZATION TO INVESTIGATE: I authorize any of the persons or organizations referenced in this application to give the Company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release such parties from the liability of any damage that may result from furnishing such information. I authorize the Company to request and receive such information.

\_\_\_\_\_ AT-WILL RELATIONSHIP: I understand and agree that If I am offered employment with the Company it will be on an "at-will" basis. This means that either I or the Company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that "at-will" nature of employment with the Company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the Company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company.

\_\_\_\_\_ SEARCH OF PUBLIC RECORDS: Should a search of public records of an arrest, indictment, conviction, civil Judicial action, tax lien, or outstanding judgment- be conducted by internal personnel employed by the Company.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Background Authorization Form

The undersigned hereby authorizes BBM Staffing (hereinafter referred to as Employer") and / or Its representative to make an investigation of my background, references, character, past employment, motor vehicles and criminal history record information which may be in any state or local files, including those maintained by both private and public organizations, and all public records for any purpose of confirming the information contained in my application and/ or obtaining other information which may be material to my qualifications of employment. A telephone facsimile or xerographic copy of this considered as a valid original consent.

Prior to taking any adverse action as a result of such investigation, Employer shall provide to me a copy of the consumer report of investigative consumer report which caused such adverse action and a summary of my rights under the Fair Credit Report Act.

I release Employer and / or its agents and any person or entity which provide information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above-referenced sources.

I give my permission to my Employer to provide this background information to the client I am assigned should it be requested prior or during my job assignment with this company.

Date of Birth (mo/day/yr) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License Number- (State-Issued) \_\_\_\_\_ Expiration \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Health Statement

By signing this form I am stating that I do not have any health issues or concerns that would limit or prohibit my employment such as any communicable diseases, medical conditions or any other physical conditions that would not allow me to work without a physician's release.

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Company Official Conducting Orientation Date

**PAYROLL DEDUCTION AUTHORIZATION**

I \_\_\_\_\_ understand and authorize BBM Staffing to deduct for the following services and / or equipment from my gross earnings on the first paycheck, payroll period beginning \_\_\_\_\_

IN PAYMENT FOR:

\_\_\_\_\_ Drug Screen - \$10.00 (1 time charge)

\_\_\_\_\_ Other

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SIGN IN AVAILABILITY BOOK

I understand that if my assignment should end or complete that it is my responsibility to come into the office to sign the Availability Book within 48 hours of completion of my assignment.

By signing the Availability Book it informs BBM Staffing recruiters know that I am available for work and ready for my next assignment.

I do understand that if I fail to sign the availability book that my employment with BBM Staffing is not terminated but considered voluntarily resigned with BBM Staffing.

I also understand that calling in does not take the place of signing the Availability Book and may affect my ability for future unemployment benefits.

Availability Book is located at BBM Staffing lobby with the front office Receptionist, 4242 Medical Dr., Bldg. 2, suite 2200, San Antonio, Texas 78229

\_\_\_\_\_  
Employee Name – Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## EMPLOYEE ACKNOWLEDGEMENT

**Confidentiality:** BBM maintains confidentiality of operation, activities, and business affairs of BBM and clients according to 1996, Health Information Portability and Accounting Act (HIPPA). Due to the nature of our work, each employee will gain, directly or indirectly, sensitive and confidential information on clients/patients and staff members.

The health care professional safeguards the client's right to privacy by judiciously protecting information of confidential nature, including medical treatment information, diagnosis, medical records, personal patient information, etc.

This information should be shared only with those persons who, due to their position, have a need to know. Sensitive or confidential information must never be used as a basis for social conversation. If an employee is in doubt as to whether or not certain information may be shared, he/she should consult his/her supervisor,

**Professional Conduct:** BBM expects all employee to act responsibly, abide by all applicable laws, and adhere to acceptable business principals.

**Drug Testing Policy:** BBM may conduct "on hire and / or random for cause" drug testing on employees, BBM maintains a drug free workplace policy with regard to the possession, use, distribution, dispensing, possession or use of a controlled substance, illegal drug, or any alcoholic beverage while in the workplace or on Company paid time. Violation of this policy will result in disciplinary action, up to and including termination of employment. I acknowledge having received and signed BBM's Drug Screen Consent Form.

**Harassment Policy:** BBM is committed to providing a work environment which is free from all forms of discrimination and unlawful harassment including sexual advances, whether explicit, as a term or condition of employment. Improper behavior may be verbal, visual, or physical in nature and / or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, and impartially. An employee should, without fear of retaliation, report the alleged incident immediately and confidentially to the appropriate manager.

**None Discrimination:** BBM does not discriminate against clients or employees based on race, color, religion, age, sex, national origin, marital status, or disability.

**Abuse, Neglect, and Exploitation:** BBM employees will report abuse, neglect, and/or exploitation to the Texas Department of Family and Protective Services, the Department of Aging and Disability Services, and BBM management. BBM employees suspected of abuse, neglect or exploitation will be suspended immediately, and investigation will be conducted. If the investigation validates the claim, the employee will be terminated.

**Progressive Discipline Policy:** BBM utilizes a progressive discipline process in cases of misconduct, absenteeism, or unacceptable performance. This includes a verbal warning, and final warning. Disciplinary action may result in immediate termination based upon the nature and severity of the offense, the employee's past record, and other circumstances.

**BBM Policies:** I acknowledge that I have read, understood and will comply with all applicable Company policies and guidelines.

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Employee Signature

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Date



### **Acknowledgment of Receipt of Employee Handbook**

By signing, I acknowledge and agree to follow all of the BBM Staffing Policies and Procedures established by BBM Staffing Employee Handbook.

I understand that BBM Staffing is my employer when I am assigned to BBM assignments.

I understand that BBM will check my personal references. I give permission to release my resume, work history and work references to potential employers.

I understand that No Call No Show will be considered job abandonment and will be considered a voluntary quit. When calling in it must be 1 hour before my shift begins or will be considered a No Call No Show.

I agree to maintain and protect the confidentiality of all records and information I am exposed to while on assignment at the client companies to which I am assigned.

I agree to sign the availability logbook within 48 hours upon completion on my assignment. Failure to do so is considered voluntary termination and affect my unemployment benefits.

I agree to conform to the rules and regulations established in this handbook. I understand that BBM Staffing may terminate my assignment or any temporary assignment without cause or notification.

I understand that BBM will conduct a criminal background check and give permission to release this information to potential employers if requested.

I understand that I must work a total of 520 hours before I am eligible to be hired full time at a client location.

I hereby acknowledge that I have received a copy of the BBM Staffing handbook. I have read and understand the contents of the handbook and agree to abide by it's policies and regulations.

Associates Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_