

BURNS DO IT CENTER EMPLOYMENT APPLICATION

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Thank you for interest in working at Burns Do it Center. All applicants must complete this application as the first step in the hiring process. You may take the application elsewhere and return it later, but you must complete the application on your own without any assistance. This application consists of 2 parts: (1) an informational section, 4 pages; (2) a Disclosure, 1 page. Please complete the entire application to the best of your ability and give the completed application to one of the managers on duty.

PERSONAL INFORMATION

Today's Date: _____

First and last name: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security # _____ Phone: Home _____ Cell _____

Position applying for _____ Shift: _____ Days _____ Evenings

_____ Weekends

Status: Full Time: _____ Part Time: _____

Were you referred by a current or former employee? Yes _____ No _____ If yes, list employee's name: _____

Yes _____ No _____ If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes _____ No _____ Do any of your friends or relatives work here? If yes, state name, relationship: _____

Yes _____ No _____ Are you currently employed?

Yes _____ No _____ May we contact your present employer?

Yes _____ No _____ Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Yes _____ No _____ Can you work until 6:00 PM?

Yes _____ No _____ Can you work Saturday?

Yes _____ No _____ Have you been, or will you get as soon as possible, vaccinated to the Covid-19 virus? If you've been, can you provide documentation

Dates available for work / _____ / _____ What is your desired salary range: _____

WORK HISTORY

Beginning with your most recent job, list all employment within the past 10 years. Please account for any gaps in employment in space provided.

Starting & Ending/ Present

Position held: _____ Dates, from: _____ to: _____

Duties and Responsibilities: _____

Name of Company: _____ Phone: _____

Reason for Leaving: _____

Supervisor: _____ May we contact? Yes No

Position held: _____ Dates, from: _____ to: _____

Duties and Responsibilities: _____

Name of Company: _____ Phone: _____

Reason for Leaving: _____

Supervisor: _____ May we contact? Yes No

Position held: _____ Dates, from: _____ to: _____

Duties and Responsibilities: _____

Name of Company: _____ Phone: _____

Reason for Leaving: _____

Supervisor: _____ May we contact? Yes No

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extracurricular activities.

Other Qualifications

Right to Work Documents

To assist us in complying with the Immigration Reform and Control Act of 1986, please check all of the following documents which you have proving your right to work in the United States:

____ U.S. Passport ____ U.S. Birth Certificate ____ Certificate of Naturalization ____ Social Security Card
____ Certificate of U.S. Citizenship ____ Drivers' License ____ Other Picture Identification

Driving Record

Type of driver's license you hold: _____ Operator _____ Commercial Operator

State issued by _____ Expiration Date: _____ How many years have you been driving?. _____

List any recent moving traffic violations or accidents (past 3 years)

Month/ Year _____ Description of violation or accident: _____

EDUCATION

High School: _____ Major/Degree: _____ Dates Attended: _____

College: _____ Major/Degree: _____ Dates Attended: _____

Other: _____ Major/Degree: _____ Dates Attended: _____

Please list any current licenses or certifications, including expiration date.

- 1. _____
- 2. _____
- 3. _____

REFERENCES (at least one professional reference is preferred)

	Name	Business	Title	Address	Phone #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Have you ever been involuntarily discharged from a job? Yes _____ No _____

If yes, please explain. _____

Are you either a United States citizen or an alien who has the legal right to work in the job you are applying for? Yes _____ No _____

Is there anything that will be on your background check report that you'd like to explain, please do so (attach additional notes if necessary):

APPLICANTS STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may cause in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date