

# Baker & Kerr, Inc.

## Application For Employment

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

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> walk-in <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Former Address:			County:	City:	State:    Zip Coed:
Years in Residence:		(Former Address only if less than 5 years)		Date of Birth:	Place of Birth:
Telephone Number(s)					

1. If you are under 18 years of age, can you provide required Proof of your eligibility to work?  
Yes    No
  2. Have you ever filed an application with us before?  
Yes    No    If Yes, give date\_\_\_\_\_
  3. Have you ever been employed with us before?  
Yes    No    If Yes, Give date\_\_\_\_\_
  4. Are you currently employed?  
Yes    No
  5. May we contact your present employer?  
Yes    No
  6. 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
  7. On what date would you be available for work?\_\_\_\_\_
  8. Are you available to work: Full Time    Part Time    Temporary
  9. Are you currently on "lay-off" status and subject to recall?  
Yes    No
  10. Can you travel if a job requires it?  
Yes    No
  11. Have you been convicted of a felony within the last 7 years? (conviction will not necessarily disqualify an applicant from employment)  
Yes    No
- If Yes, please explain\_\_\_\_\_

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**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**BAKER & KERR INC, IS A DRUG FREE COMPANY. PRE-EMPLOYMENT AND RANDOM DRUG SCREENING IS REQUIRED.**

**BAKER & KERR PARTICIPATES IN E-VERIFY (EMPLOYER WILL RPROVIDE THE SOCIAL SECURITY ADMINISTRATION AND, IF NECESSARY, THE DEPARTMENT OF HOMELAND SECURITY WITH INFORMATION FROM EACH NEW EMPLOYEE'S FORM I-9 TO CONFIRM WORK AUTHORIZATION.**

## Education

	Name and address of school	Course of study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND / OR WRITE

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


Describe any job-related training received in the United States military.


List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race religion, national origin, age, ancestry, disability or other protected status:


Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.


## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u> From:	Work Performed
Address	To:	
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting:	
Job Title	Final:	
Supervisor		
Reason for Leaving		

Employer	<u>Dates Employed</u> From:	Work Performed
Address	To:	
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting:	
Job Title	Final:	
Supervisor		
Reason for Leaving		

Employer	<u>Dates Employed</u> From:	Work Performed
Address	To:	
Telephone Number(s)	<u>Hourly Rate/Salary</u> Starting:	
Job Title	Final:	
Supervisor		
Reason for Leaving		

Specialized Skills

Check Skills/Equipment Operated

Production Machinery (List):


Other (list):


State any additional information you feel may be helpful to us in considering your application.


Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes       No

References

1. Name: _____ Phone # (    ) _____
Address: _____
2. Name: _____ Phone # (    ) _____
Address: _____
3. Name: _____ Phone # (    ) _____
Address: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. 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 result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

FOR PERSONNEL DEPARTMENT USE ONLY

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/ Salary \_\_\_\_\_

Department \_\_\_\_\_ Interviewer \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_  
Name and Title Date

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_