



# Bob Ray Company, Inc.

## Employment Application

### APPLICATION INFORMATION

Last Name		First Name		M.I.	Date
Street Address					
City		State		Zip	
Phone (    )		E-mail Address			
Date Available			Desired Salary		
Position Applied for (list specific position)					
Are you able to perform the essential functions of the job for which you are applying, with or without accommodation? Yes or No					
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?					

### EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

### REFERENCES

*Please list three professional references.*

Full Name		Relationship
Company		Phone (    )
Address		
Full Name		Relationship
Company		Phone (    )
Address		
Full Name		Relationship
Company		Phone (    )
Address		



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## EMPLOYMENT HISTORY (Starting with most recent)

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

## MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

## CDL INFORMATION

CDL No.	CDL State
Previous CDL? YES <input type="checkbox"/> NO <input type="checkbox"/>	Previous CDL No. <input type="text"/> Previous CDL State <input type="text"/>

## DRIVING EXPERIENCE

Do you have any driving experience that would enhance your ability to perform the position applied for?

## SPECIALIZED TRAINING, JOB-RELATED SKILLS

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for?



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## DISCLAIMER AND SIGNATURE

Bob Ray Company, Inc. is an equal opportunity employer. Bob Ray Company, Inc. does not discriminate in employment due to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Bob Ray Company, Inc. to hire me. If I am hired, I understand that either Bob Ray Company, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Bob Ray Company, Inc. has the authority to make any assurance to the contrary.

In the event that I am employed, I agree to conform to all company rules and regulations. I understand and agree that if I am employed, I shall be employed on an at-will basis. As an at-will employee, I understand and agree that Bob Ray Company, Inc. or I can terminate our employment relationship at any time for any reason, with or without advance notice and with or without cause. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no one other than the company President or Business Manager may enter into any agreement with me contrary to the foregoing and that any such contrary agreement must be in writing and signed by the company President or Business Manager.

Bob Ray Company, Inc. requires a criminal background check for all full-time and part-time employees. If an offer is made to you, we will conduct a criminal record check of felony convictions. Check the box to indicate that you understand we may withdraw the job offer if the criminal record check is unfavorable.  I understand.

Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify an applicant from consideration for employment with Bob Ray Company, Inc. Depending on a variety of factors (for example, the nature of the position, the nature of the conviction, age of the candidate when the illegal activity occurred), the candidate may still be eligible for employment with Bob Ray Company, Inc.

However, if an applicant attempts to withhold information or falsify information pertaining to previous convictions, the employee will be disqualified from further employment consideration in any position with the company due to falsification of an application. An offer of employment may be extended to an applicant prior to the completion of the criminal conviction check. However, the applicant's first day of work in the position must not be prior to the satisfactory completion of the criminal conviction check.

I attest with my signature below that I have given to Bob Ray Company, Inc. true and complete information on this application. No requested information has been concealed. I authorize Bob Ray Company, Inc. to contact references provided for employment reference checks and former employers. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

All candidates who have received a written offer of employment will be required to undergo testing for commonly-abused controlled substances.

I hereby acknowledge that I have read, understand and agree to the above statements.

Signature

Date

Thank you for taking the time to complete our Employment Application. The Employment Application will only be valid for 90 days from the date of the application. If you wish to be considered for employment subsequent to that date, a new application must be completed.