



Employment Application

BCI Burke Company, LLC
P.O. Box 549
660 Van Dyne Road
Fond du Lac, WI 54936-0549

BCI Burke Company, LLC gives all applicants for employment equal consideration regardless of race, color, sex, religion, national origin, age, sexual orientation, marital status or disability. The decision to hire an applicant is based solely on individual qualifications that meet the job requirements.

Name: _____
Last First MI

Address: _____
Street City State Zip

Phone number: _____ Alternate phone number: _____ Email: _____

Are you 18 years of age or older? Yes No If no, state your age _____

Do you have any friends or relatives employed by BCI Burke Company, LLC? Yes No

If yes, give names and locations _____

Have you ever applied at or been employed by BCI Burke Company, LLC before? Yes No

If yes, please give dates, location, and position _____

Are you legally entitled to work in this country? Yes No

Employment desired: Full-Time Part-Time Temp/Seasonal Internship

Position applied for: _____ Date: _____

Referral Source (How did you hear about BCI Burke Company, LLC?) _____

Date available to start: _____ Desired salary/wage range: \$ _____

We conduct pre-employment drug screening. Are you willing to submit to a drug test? Yes No

Have you ever been convicted of, found guilty of, plead guilty to, or admitted guilt of a crime? Yes No

If yes, please describe in full providing date(s) and details: _____

- Answering yes does not constitute disqualification from employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.
- Answer no for annulled, expunged or sealed records, and any youth offender and minor traffic offenses.
- Do not disclose convictions which occurred more than 7 years ago.

Education: *Start with the most recent school attended.*

School (Include City and State) # of Years Attended GED/Diploma/Certification/Degree

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

<hr/> Employer	<hr/> () Telephone #	Dates Employed	<hr/> /	<hr/> to	<hr/> /
			Month	Year	Month Year
<hr/> Street address	<hr/> City	<hr/> State	<hr/> Starting Wage - Ending Wage		
<hr/> Starting job title/final job title			<hr/> Why did you leave?		
<hr/> Immediate supervisor and title (for most recent position held)			May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At a later date		
<hr/> Summarize the type of work performed and job responsibilities.					

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<hr/> Summarize the type of work performed and job responsibilities.					

Please list and explain all periods of unemployment:

Applicant Statement:

- I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other person, corporations or organizations for furnishing such information about me.
- I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
- I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

Signature of Applicant

Date



APPLICANT DATA FORM

We are an Equal Employment Opportunity/Affirmative Action Employer. It is our policy not to discriminate on the basis of race, color, religion, sex, age, national origin, disability, sexual orientation or any other classification protected by applicable federal, state, or local law. Consistent with our affirmative action commitments as a contractor, we track applicant data to facilitate and measure our good faith efforts at achieving a balanced workforce. For that reason all applicants are to complete this Applicant Data Form. This form will be kept separate from your application and, if hired, your official personnel file. Failure to complete the Applicant Data Form will result in your application not being considered further.

Applicant Information

Male Female Position Applying for: _____

Please check one of the following Equal Employment Opportunity identification groups (Race/Ethnic Categories):

- | | | |
|---|---|---|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Black or African American
<i>(not Hispanic or Latino)</i> | <input type="checkbox"/> Two or More Races
<i>(not Hispanic or Latino)</i> |
| <input type="checkbox"/> White
<i>(not Hispanic or Latino)</i> | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<i>(not Hispanic or Latino)</i> | |
| <input type="checkbox"/> Asian
<i>(not Hispanic or Latino)</i> | <input type="checkbox"/> American Indian or Alaskan Native
<i>(not Hispanic or Latino)</i> | |

Print Name

Date

Applicant's Signature