

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

Name:		First		MI			
				IVII			
Address:Street		City		Zip			
Phone number:	Alternate phone	Alternate phone number:					
Are you 18 years of age or o	lder?	No If no, state your age	2				
Do you have any friends or relatives employed by BCI Burke Company, LLC?							
If yes, give names and locati	ons						
Have you ever applied at or	been employed by BCI E	surke Company, LLC befo	ore? 🗌 Yes	🗌 No			
If yes, please give dates, loc	ation, and position						
Are you legally entitled to work in this country?			Yes No				
Employment desired:	Full-Time	Part-Time	Temp/Season	al 🗌 Internship			
Preferred Shift:	☐ 1 st Shift only	3rd Shift only	Open to 1 st an	nd/or 3 rd shift			
Position applied for:	tion applied for:			Date:			
Referral Source (How did yo	u hear about BCI Burke (Company, LLC?)					
	e to start: Desired salary/wage range: \$						
Date available to start:				-			
	t drug screening. Are yo	ou willing to submit to a	drug test? 📋 Yes [No			
Date available to start: We conduct pre-employmen Have you ever been convicte		, and the second s	·				

- 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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		07 (001

Employment History: Start with	your present or last jo	b. Include any job-re	lated volunteer activities	s and military assign	ments. You may
exclude organizations that may indicat	e race, color, religion, g	gender, national origi	in, disabilities, or other j	protected status.	
Employer	() Telephone #		Dates Employed	Month Year	o <u>/</u> Month Year
Street address	City	State		Starting Wage	Ending Wage
Starting job title/final job title				Why did you leave?	
Immediate supervisor and title (for mos		May we contact for reference?			
Summarize the type of work performed	l and job responsibilities	S.			
Employer	() Telephone #		Dates Employed	I <u>/ /</u> Month Year	o <u>/</u> Month Year
Street address	City	State		Starting Wage	- Ending Wage
Starting job title/final job title				Why did you leave?	
Immediate supervisor and title (for mos		May we contact for	reference? At a later date		
Summarize the type of work performed	l and job responsibilities	S.			
Employer	() Telephone #		Dates Employed	Month Year	o <u>/</u> Month Year
Street address	City	State		Starting Wage	- Ending Wage
Starting job title/final job title				Why did you leave?	
Immediate supervisor and title (for mos		May we contact for reference?			
Summarize the type of work performed	l and job responsibilities	ò.			

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.