*An Equal Opportunity Employer*

# EMPLOYMENT APPLICATION

OUR COMPANY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGIOUS BELIEF, COLOR, SEX, PREGNANCY, CHILDBIRTH OR RELATED MEDICAL CONDITIONS, BREASTFEEDING, AGE, NATIONAL ORIGIN, ANCESTRY, SEXUAL ORIENTATION, GENDER IDENTIFICATION OR EXPRESSION, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, GENETIC CHARACTERISTICS, FAMILY CARE, MARITAL STATUS, STATUS AS A VETERAN OR QUALIFIED DISABLED VETERAN OR ANY OTHER CHARACTERISTIC PROTECTED BY APPLICABLE STATE OR FEDERAL CIVIL RIGHTS LAW.

***PLEASE PRINT*** **DATE: _____**

Name: _____ _____ _____
Last First Middle

Business Telephone (___) _____ Home Telephone (___) _____

Social Security No.: _____

Present Address: _____
No. Street City State Zip

Permanent Address (if different from present address):

_____
No. Street City State Zip

EMPLOYMENT DESIRED

Position applying for: _____

How did you hear about BIRNS and this job opening? _____

Why are you applying for work at BIRNS? _____

*Type of work you are applying for:*

Regular full-time: Yes ☐ No ☐ ; Regular part-time: Yes ☐ No ☐ ; Temporary: Yes ☐ No ☐

What days and hours are you available to work? _____

If applying for temporary work, during what period of time will you be available?

_____

Would you be available to work overtime, if necessary? Yes ☐ No ☐

If hired, on what date can you start work? _____

Salary desired: _____

## PERSONAL INFORMATION

Have you ever applied to or worked for BIRNS before? Yes ☐ No ☐ If yes, when? _____

Do you have any friends or relatives working for BIRNS? Yes ☐ No ☐

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If yes, state name(s) and relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes ☐ No ☐

Are you at least 18 years old? Yes ☐ No ☐

*(If under 18, hire is subject to verification that you are of minimum legal age.)*

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes ☐ No ☐

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes ☐ No ☐

If no, describe the functions that cannot be performed. _____

_____

_____

*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)*

Are you currently employed? Yes ☐ No ☐ If so, may we contact your current employer? Yes ☐ No ☐

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

## EDUCATION, TRAINING AND EXPERIENCE

| School | Name and Address | No. of Years Completed | Did you Graduate? | Degree or Diploma |
|---|---|---|---|---|
| **High School** | | | | |
| **College/University** | | | | |
| **Vocational/Business** | | | | |

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at BIRNS? If so, please explain:

_____

_____

_____

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## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. Attach more sheets if needed. **You must complete this section even if attaching a resume.**

**Name of Employer**: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties: _____

_____

_____

Date of Employment: From: _____ To: _____

Reason for Leaving: _____

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**Name of Employer**: _____

Address: _____
No. Street City State Zip

Type of Business: _____

Telephone No. (____) _____ Your Supervisor's Name _____

Your Position and Duties: _____

_____

_____

Date of Employment: From: _____ To: _____

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## MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes☐ No☐

If so, describe: _____

_____

_____

## REFERENCES

**List below three persons not related to you who have knowledge of your work performance within the last three years. Please include at least two of your direct supervisors/managers.**

Name: _____

Address: _____
No. Street City State Zip

Occupation _____

Telephone No. (_____)_____ Number of Years Acquainted _____

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____

Telephone No. (_____)_____ Number of Years Acquainted _____

Name: _____

Address: _____
No. Street City State Zip

Occupation: _____

Telephone No. (_____)_____ Number of Years Acquainted _____

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## Please read carefully, initial each paragraph and sign below

_____ Persons employed at BIRNS, Inc. ("Company") have access to confidential information regarding various phases of the Company business. Therefore, the Company follows the practice of requiring new employees, at the time of employment, to sign a proprietary information and conflict of interest agreement. Information concerning competitors' operation, products, designs or other proprietary information will not be solicited from an applicant for employment, or from the Company's employees. BIRNS will honor any valid post-employment restrictions contained in an applicant's employment contract and fully respects the applicant's duty of loyalty and non-disclosure to a former employer. Offers of employment may be made contingent on passing a medical examination and the receipt of a satisfactory background check and references.

_____ I hereby certify that the information provided herein is correct to the best of my knowledge and belief and that I have not knowingly withheld any information that might adversely affect my chances for employment. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize BIRNS to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further, authorize the references and contacts I have listed to disclose to BIRNS any and all letters, reports and other relevant information, personal or otherwise, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other parties, persons, corporations, partnerships and associations from any and all claims, demands or liabilities for any damages arising out of or in any way related to such investigation or disclosure.

_____ In consideration of my employment, I agree to conform to the rules and regulations set forth by BIRNS, Inc.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. I understand that each employee of BIRNS, Inc. is an at-will employee unless specifically notified otherwise in writing. I understand and agree that if I am employed, my employment is for no definite or determinable period and that I may terminate our employment relationship at any time, for any reason, and that the Company has the same right to terminate our employment relationship at any time and for any reason. I understand that this at-will relationship cannot be modified or changed during my employment except by specific written agreement between me and the Company, signed by the President.

_____ I understand that if offered employment I will be required to submit to a drug and/or alcohol screen. I further understand that I must successfully pass such a screen as a condition of beginning my employment. If test results are not received until after I start employment, a positive test will result in my termination.

_____ I understand that, if offered employment, I will be required to sign an agreement requiring me to arbitrate almost all claims I might have against the Company in the future. I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the Company, that all disputes that might arise out of my hire, employment or termination by the Company, whether during or after the employment, that cannot be resolved by informal internal resolution, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules as further explained in the BIRNS, Inc. Arbitration Agreement I will receive if offered employment.

_____ _____

Signature of Applicant Date