



40429 Brickyard Drive
Madera, CA 93636
Office (559) 438-5800
Fax (559) 436-1323

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____ City/State _____

Zip Code _____ Drivers License Number _____ State _____

Telephone #: _____ Social Security #: _____

Email Address: _____ (for contacting the applicant only)

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Please list your available hours to work:

_____ Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun

Have you ever been previously employed by our organization? _____ Yes _____ No

If yes, when? _____

Have you ever been convicted of a crime in the last 7 years? _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment):

How were you referred to us? ___Ad ___ Walk-in ___ Referral: Who? _____

Are you able to lift/move at least 40 pounds? ___ Yes ___ No

If not, please explain _____

Employment History

Please provide all employment information for your past four employers starting with the most recent. Please fill out completely even if attaching a resume.

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

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Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications. Please include any special training or skills that would benefit you in the job that you are applying for:

Educational History

High school _____ City/State _____
Highest Year Completed: ___1 ___2 ___3 ___4 Diploma Earned? ___Yes ___No

College: _____ City/State _____
Highest Year Completed: ___1 ___2 ___3 ___4 Degree Earned? ___Yes ___No
Area of Study: _____

College: _____ City/State _____
Highest Year Completed: ___1 ___2 ___3 ___4 Degree Earned? ___Yes ___No
Area of Study: _____

Technical Training: _____

Other: _____

References

List three personal references here. Please do not include relatives or employers.

Name _____ Phone Number _____
Years Known _____ Relationship to you _____

Name _____ Phone Number _____
Years Known _____ Relationship to you _____

Name _____ Phone Number _____
Years Known _____ Relationship to you _____

(Please continue to the last page)

In submitting this application, I understand that:

Any offer of employment is contingent upon the successful completion of a DRUG TEST.

I authorize *B-K Lighting, Inc + Teka Illumination, Inc.* to submit my information for a Department of Motor Vehicles report in order to be an additional company driver as required by their insurance company.

I authorize *B-K Lighting, Inc + Teka Illumination, Inc.* to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability *B-K Lighting, Inc + Teka Illumination, Inc.* and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

By checking this box, I acknowledge that I have read and understand the information provided above.

Applicant name: _____ Date: _____