

**BBS & Associates Application**

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| --- | --- | --- |
| Last name First MI | For Personnel use only | Date of application |
| Street address | Type(s) of work desired | For Office Use Only |
| City State ZIP Country | Home telephone | Cell phone |
| How were you referred to BBS?(Circle only one.) | ABy your college: list | BAdvertisement | CEmployment agency | DBy an employee | If employee, give name: | EOpen house | FWalk-in | G Other-please state: |

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

*If any of your educational or employment records are under other than the above name, please provide other names also.*

***Employment Record***

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

|  |  |
| --- | --- |
| Last or present company Type of business | Title, type or classification of job |
| Street address Phone number | Brief description of job duties |
| City State ZIP code |  |
| Supervisor’s name Phone number |  |
|  | Dates workedFrom To |  |
| Reason for leaving |  |
| Company Type of business | Title, type or classification of job |
| Street address Phone number | Brief description of job duties |
| City State ZIP code |  |
| Supervisor’s name Phone number |  |
|  | Dates workedFrom To |  |
| Reason for leaving |  |

|  |  |
| --- | --- |
| Company Type of business | Title, type or classification of job |
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| City State ZIP code |  |
| Supervisor’s name Phone number |  |
|  | Dates workedFrom To |  |
| Reason for leaving |  |

Educational History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School name | Location(city, state) | Major courseor subject |  Number of years attended | GraduatedYes No | Degree |
| High school |  |  |  |  |  |  |
| Technical/trade (after high school) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| College (list all attended) |  |  |  |  |  |  |
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| Other education/training |  |  |  |  |  |  |
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Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Special Skills

|  |  |
| --- | --- |
| *To be completed by applicant for office/clerical roles* | *To be completed by applicant for creative/digital/business roles* |
| Typing  Yes Words per minute:  No | List software  | Years of experience |
| Dictation/Transciption  Yes Words per minute: (circle applicable)  No | List technology applications  | Years of experience |
| Computer skills  Hardware (type)   Software (list) | List technology credentials/certifications and training  | Years: From To |
| Please list other skills, certifications, training or language experience you have acquired | Extent/years of experience  |
|  |  |
|  |  |

Personal References

List three people who are not related to you.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Title/relationship | Address(street, city, state, ZIP code) | Phone no.(include area code) | Email address | Occupation |
|  |  |  |  |   |   |
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Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

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| --- | --- | --- | --- | --- | --- |
| Name | Title/relationship | Address(street, city, state, ZIP code) | Phone no.(include area code) | Email address | Occupation |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| May we contact your present employer?  Yes  No |  |
| Wage or salary required |  |
| Date available for work |  |
| Preferred work status  Full Time  Part Time  Temporary |  |
| Can you travel if a job requires it? |  |

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepre–sentation or omission of facts on my part will be justification for separation from the company’s service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date Signature