



Application For Employment

Ballast Tools Equipment
 15 Goodwin Drive
 Festus, MO 63028
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 F) 636.937.3386
 www.BTEquip.com

Important Notice:

We consider applicants for all positions without regard to race, color, religion, sex, national origin or ancestry, age, pregnancy, veteran's status, handicap or disability which (with or without reasonable accommodation(s)), does not interfere with the performance of essential job functions, or any other legally protected status. If you have a disability which may require accommodation for you to participate in our application process (including filling out this form, interviewing or any other pre-employment procedure or requirement), please make us aware of any accommodation you feel is needed prior to attempting to complete such procedure or requirement. Please attach resume, CV or any additional sheets or information to this form as required.

PLEASE PRINT

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other	Salary Expected?

Last Name	First Name	Middle Name
Address	<i>Number</i>	<i>Street</i>
	<i>City</i>	<i>State</i>
	<i>Zip Code</i>	
Telephone Number(s)	Social Security Number 	
In case of emergency, please notify:	Telephone	

Have you ever filed an application with us before? No Yes, specify date ____

Have you ever been employed with us before? No Yes, specify date ____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you presently legally authorized to work in the
 United States on a full-time basis? Yes No
Proof of citizenship or immigration status will be required upon employment

If you are under 18 years of age, can you provide required
 proof of your eligibility to work? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time All Shifts Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 10 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain: _____

Name any relatives working for us: _____

Name any friends working for us: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe the Course of Study in High School and above																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
List any license, certifications or additional information you feel may be helpful to us in considering your application																	

Character References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe: _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national ancestry or origin, disability, veteran's or other protected status.

1.	Employer:	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s):	Hourly Rate/Salary		
	Job Title:	Starting	Final	
	Supervisor:			
	Reason for Leaving			
2.	Employer:	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s):	Hourly Rate/Salary		
	Job Title:	Starting	Final	
	Supervisor:			
	Reason for Leaving			
3.	Employer:	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s):	Hourly Rate/Salary		
	Job Title:	Starting	Final	
	Supervisor:			
	Reason for Leaving			
4.	Employer:	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s):	Hourly Rate/Salary		
	Job Title:	Starting	Final	
	Supervisor:			
	Reason for Leaving			

(If you need additional space, please continue on a separate sheet of paper.)

Attendance

Our attendance control policies aim to reduce employee absenteeism and tardiness to less than 4% (less than one day per month) and require employees to call in promptly when they will be unexpectedly absent or tardy. Will you normally be able to meet this target and call-in requirement? Yes No

Special Skills and Qualifications

Summarize any special job-related skills and qualifications acquired from employment or other experience.

Other

Detail any other skills, training or qualifications

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in this application or interview(s) may result in refusal to hire or, if employed, may subject me to discharge at any time after its discovery. If employed, I agree to abide by all rules and regulations of the Company in effect from time to time.

I agree and understand the Company may conduct character and credit investigations with the knowledge that this is to become part of my employment record. I hereby authorize my former employers and references to furnish any information concerning me and release them from any and all liabilities or damages of any nature because of furnishing such information. They may rely on a copy of this release.

I authorize the release of my educational transcripts to the Company for purposes of employment review.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that I may resign at any time, and the Company may discharge me at any time, for any reason, with or without notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged as applying to me in writing by the President of the Company.

I understand that I have an obligation to inform the Company of any changes such as phone number, address, marital status, etc.

I agree to complete a medical/physical examination(s) after an offer of employment has been extended and prior to commencement of my employment duties. I understand that the examining physician and/or facility may disclose to the Company or its representatives the results of such an examination(s) subject to its use on a need-to-know basis. I understand that my employment may be conditioned on the findings of this examination(s).

I agree to undergo a comprehensive drug test prior to hire and drug/alcohol tests at any time during my employment at the discretion and expense of the Company. I agree to sign the required forms authorizing such testing and permitting the examining laboratory to disclose to the Company and its representatives the results of such tests to be included in my medical records. I understand my initial and continued employment is conditioned on my consent to such testing as well as the findings/results of the tests.

The application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should again inquire as to whether or not applications are being accepted at that time.

Signature of Applicant*

Date

*Are there any other names that your credit, education transcripts or employment records would be listed under? Yes No

If yes, please list: _____