



**Application for Employment**

*We consider applicants for all positions without regard to race, color, religion, sex, national origin, age marital or veteran status, disability, or any other legally protected status.*

Date of Application: \_\_\_\_\_ Position you are applying for: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_  
Last First Middle Madden

Current Address: \_\_\_\_\_  
Street Apt# City State Zip

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Have you ever been employed with us before?  
 Yes  No If yes, give date \_\_\_\_\_

Are you currently employed?  
 Yes  No

May we contact your present employer?  
 Yes  No

On what date are you available to work? \_\_\_\_\_

Are you available to work:  
 Full Time  Part Time  Shift Work  Temporary  Evenings/Weekends

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

Can you travel if a job requires it?  
 Yes  No

Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment.)  
 Yes  No  
If yes, please explain \_\_\_\_\_

**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 Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

**List professional, trade, business or civic activities and offices held.**

(You may exclude leaderships which would reveal sex, race, religion, national origin, age ancestry, disability or other protected status.)

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**References**

(Provide three references who are not related to you and not previous employers.)

Name	Phone Number	Email	Relationship	Yrs Known

**Employment Experiences**

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 origin, disability, or other protected status.

➤ **Current/Most Recent Employer**

- \_\_\_\_\_
- Address \_\_\_\_\_
- Telephone Number \_\_\_\_\_
- Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_
- Work Performed \_\_\_\_\_
- Dates Employed \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_
- Reason for Leaving \_\_\_\_\_

➤ **Employer**

- \_\_\_\_\_
- Address \_\_\_\_\_
- Telephone Number \_\_\_\_\_
- Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_
- Work Performed \_\_\_\_\_
- Dates Employed \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_
- Reason for Leaving \_\_\_\_\_

➤ **Employer**

- \_\_\_\_\_
- Address \_\_\_\_\_
- Telephone Number \_\_\_\_\_
- Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_
- Work Performed \_\_\_\_\_
- Dates Employed \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_
- Reason for Leaving \_\_\_\_\_

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

**Special Skills and Qualifications**

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

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**Applicant's Statement**

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It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and the representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only ninety (90) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Professional Resume:	Included	Not Included
Skills Assessment:	Included	Not Included
Copy of Certification(s):	Included	Not Included



**RELEASE AUTHORIZATION**  
**Applicant Complete the Following**

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
4. Minnesota and California applicants only. If you want a copy of the report(s) ordered, check this box.  The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Bayview Management, LLC or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

\_\_\_\_\_  
Please print your full name

\_\_\_\_\_  
Please print other names you have used

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Social Security Number Date of Birth

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, OR, TX, WI.  
 Male  Female  Asian  Black  Hispanic  White  Other

\_\_\_\_\_  
Drivers License Number State Issuing License

\_\_\_\_\_  
Name as it appears on license

\_\_\_\_\_  
Signature Today's Date

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