Employment Application Form

Brabham Family Enterprises, Inc.

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE CO	OMPLETE PAGES 1-4.		DATE _				
Name							
Last		First Middle			Maiden		
Present add	ressNumber	Street	City State	Zip			
Howlong	Nullibel			—	_		
-							
	cell ()				(Opt)		
Email (req)							
Position app Salary desire (Be specific)							
How many h	ours can you work weekly?		Can you wor	k nights?			
Employment	desired □FULL-TIME ONLY	□PART-TIME (ONLY 🗀	FULL- OR PART-	ГІМЕ		
When availa	ble for work?						
TYPE	NAME	LOCATION (Complete mailing address)		YEARS COMPLETED	MAJOR & DEGREE		
High School							
College							
Business or Trade School							
Prof. School							
Military							
HAVE YOU	EVER BEEN CONVICTED OF A FELC	ONY? □ No	□ Ye	es			
	n number of conviction(s), nature of of sentence(s) imposed, and type(s) of rel		onviction(s), ho	w recently such o	ffense(s) was/were		

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APPLICATION FOR EMPLOYMENT

	AVE A DRIVE		_	☐ Yes ☐ No					
Do you have	e reliable trans	sportatio	n to work	?					
	nse # ate			_ State of issue _		□ Operator	□ Comr	mercial (CDL)	□Chauffeur
Have you had any accidents during the past three years?									
Please deta	Please detail accidents/violations								
OFFICE APPLICANTS ONLY									
Typing Personal Computer	☐ Yes☐ No☐ Yes☐ No	PC Mac	_WPM	10-ke		Word Proces			
Please list to	wo references	other th	an relativ	es or previous er	nployers.				
Name					Name _				
Position					Position				
Company _					Compan	у			
Address					Address				
Telephone	Telephone () Telephone ()								
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.									

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Work Please list your work experience for the past five years beginning with your most recent job held. Experience If you were self-employed, give firm name. Attach additional sheets if necessary.							
		T	1	Т			
Name of employ	/er	Name of last supervisor	Employment dates	Pay or salary			
Address			From	Start			
City, State, Zip Code			То	Final			
Phone number		Your last job title					
Reason for leav	ing (be specific)						
List the jobs you	held, duties performed, skills used or learned,	advancements or pror	motions while you wor	ked at this company.			
Name of employ	/er	Name of last supervisor	Employment dates	Pay or salary			
Address			From	Start			
City, State, Zip Code			То	Final			
Phone number		Your last job title					
Reason for leav	ing (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.							
Name of employ	/er	Name of last supervisor	Employment dates	Pay or salary			
Address			From	Start			
City, State, Zip Code			То	Final			
Phone number		Your last job title					
Reason for leaving (be specific)							
	held, duties performed, skills used or learned,	advancements or pror	motions while you wor	ked at this company.			

☐ Yes ☐ No

May we contact your present employer?

Did you complete this application yourself $\ \square$ Yes $\ \square$ No

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Brabham Family Enterprises, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Brabham Family Enterprises, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Brabham Family Enterprises, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant	Date:	
–		

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.