



EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER: Brakebush Brothers is fully committed to providing strong equal employment opportunities without regard to race, color, sex, religion, national origin, age, disability, sexual orientation, genetic information or reprisal. It is our policy to provide equality of opportunity in all employment programs to all persons and to prohibit discrimination in all aspects practices and operations. As an equal opportunity employer, this company intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

Date of Application _____

PLEASE PRINT

Last Name and / or other names used		First Name		Middle or Initial		Social Security Number	
Street Address-		City-		State	Zip Code	Phone Number	
Date Available for Employment		Shift:(Select All Avail) 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>		Position Applied For		Full Time ___ Part Time ___	

Email Address _____

Are you at least 18 years of age? Yes No

Are you authorized to work in the United States? Yes No

EDUCATION

	Name and Location	Grade completed	Graduated		Degree Awarded	Field of Major Study
			Yes	No		
High School						
College						
Other						

MILITARY

Military Service:	Branch of Service:
Yes: _____ No: _____	
Describe any specialized training:	

Have you filed an application here before? Yes No

Have you been employed here before? Yes No Dates you were employed: _____

EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer:

Company Name _____ Telephone No. _____

Address (City/State) _____ Dates Employed: _____

Name of Supervisor _____ Salary: _____

Job Title/ Duties: _____

Reason for Leaving _____

Company Name _____ **Telephone No.** _____

Address (City/State) _____ **Dates Employed:** _____

Name of Supervisor _____ **Salary:** _____

Job Title/ Duties: _____

Reason for Leaving _____

Company Name _____ **Telephone No.** _____

Address (City/State) _____ **Dates Employed:** _____

Name of Supervisor _____ **Salary:** _____

Job Title/ Duties: _____

Reason for Leaving _____

READ CAREFULLY

I certify that the answers given by me are true and correct without consequential omissions of any kind. I understand that employment is subject to verification of lawful age and legal right to work in the United States.

I understand that a placement medical examination based on the requirements of the position for which I am being considered may be required and that pre-employment drug testing is a requirement.

Any job offers are provisional and contingent upon results of all pre-employment screening.

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Signature



Affirmative Action Survey

To comply with requirements regarding government record-keeping, reporting, and other legal obligations, we offer the opportunity for you to complete this survey. Any information you supply will be kept confidential and will not affect your selection for employment.

Completion of the gender, ethnic origin, veteran status, or disability status information in this form is strictly VOLUNTARY, and the information gathered will be used for the sole purpose of monitoring our Affirmative Action plan. However, you must fill out your name, the date, and whether or not you choose to complete the rest of the form. Your choice will have no impact on selection for employment.

CRG does not discriminate on the basis of race, color, religion, gender, national origin, age, veteran status, disability, or any other legally protected status. Because of the nature of our work, exclusive U.S. citizenship is required.

Your Contact Information

E-mail Address

Full Name _____

Position applied for _____

Please indicate your choice

I choose not to complete the survey.

I will complete the survey.

Gender Male Female

Disabled/Veteran Status

Ethnicity African-American
American Indian/Native Alaskan
Asian/Pacific Islander Caucasian/
White Hispanic
Other

Veteran
Not a Veteran
Vietnam Veteran
Disabled Veteran

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness • Deafness •Cancer•Diabetes •Epilepsy • Autism •Cerebral palsy
- HIV/AIDS •Schizophrenia •Muscular dystrophy •Bipolar disorder • Major depression •Multiple sclerosis
- Missing limbs or partially missing limbs •Post-traumatic stress disorder (PTSD) •Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair •Intellectual disability (previously called mental retardation)

Please choose one of the following:

Your Name _____

Date _____