



# Employment Experience

Place an X in the box (  ) by the employer(s) you do not want us to contact. List your most recent employer first.

1. Employer \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Comments** - INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills and Qualifications** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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\_\_\_\_\_

## Educational Background

School	Name and location of school	Course of study	Did you graduate?	Degree of Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
Vocational Training-other			<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	

**Membership in professional or civic organizations** - (Exclude those which may disclose your race, color, religion or national origin.)

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**Hobbies or personal interests** - (Exclude those which may disclose your race, color, religion or national origin.)

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## Personal References

(Other than family members or previous employers)

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Please read and sign at the bottom of the page.

I certify that the statements made in this application are correct and complete to the best of my knowledge. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from Brydenscot Metal Products, Inc.'s service, whenever it is discovered.

I give Brydenscot Metal Products, Inc. the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Brydenscot Metal Products, Inc. and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

Brydenscot Metal Products, Inc. does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I understand that Brydenscot Metal Products, Inc. has established a policy which is intended to provide a work environment free of sexual harassment, intimidation or coercion in any form and to provide a process for reporting violations of this policy

Brydenscot Metal Products, Inc. will not allow any form of harassment. Sexual harassment or any such conduct that has as its effect interference with another individual's work performance or creation of an intimidating, hostile, or offensive work environment regardless of whether that conduct is verbal, physical or visual. Such conduct, when experienced or observed, should be reported immediately to your supervisor or the Manager of Human Resources. The Human Resources Division will be required to investigate the complaint so that appropriate action can be taken, if warranted. The privacy of the employee filing the complaint will be respected at all times.

Any intentional sexual harassment is considered to be a major violation of company policy and appropriate disciplinary action, including possible termination of the employee violating this policy, will be taken. Each employee is expected to be sensitive to the individual rights of his/her co-workers at all times.

This application is current for only 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 to fill out a new application.

If accepted for employment with Brydenscot Metal Products, Inc. I agree to abide by all of its policies and procedures. If employed, I understand that I may terminate my employment at any time without notice or cause, and that Brydenscot Metal Products may terminate or modify the employment relationship at any time without prior notice or cause. In consideration of my employment, I agree to conform to the rules and regulations of Brydenscot Metal Products, Inc. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of Brydenscot Metal Products, Inc. other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that such assurances must be in writing and signed by an authorized officer. If employed, I understand that my employment is for no definite period of time, and if terminated, Brydenscot Metal Products, Inc. is liable only for wages and benefits earned as of the date of termination.

I understand that Brydenscot Metal Product, Inc.'s policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I also agree to have my photograph taken for identification purposes, if hired.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_