## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For:	Date of Application:		
Name (last, first, middle)	Alias(es):		
Address (street, city, state, zip)			
Telephone #:	SS#:		
Big Horn Enterprises' vehicle insurance requires staff that 21 years old or older. Are you insurable?	t transport clients to be	Yes _	No
Have you physical limitations which prevent you from per	rforming certain jobs?	Yes	No
If yes, please explain:			
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
Are you prevented from lawfully becoming employed in t Immigration Status? (Proof of citizenship or Immigration employment).	•	Yes	No
On what date would you be available for work?			
Are you available to workFull-timePart-	-timeSubstitute		
Have you been convicted of a felony? (Conviction will no applicant from employment.)	ot necessarily disqualify an	Yes _	No
If yes, please explain:			
Are you currently on "lay off" status and subject to call?		Yes	No

**EMPLOYMENT EXPERIENCE** (most recent first)

Employer:	Dates Employed	Work Performed
Address:	From:	
City, State, Zip:		
Telephone #:	To:	
Job Title		
Reason for Leaving:		
Employer:	Dates Employed	Work Performed
Address:	From:	
City, State, Zip:		
Telephone #:	То:	
Job Title		
Reason for Leaving:		
Employer:	Dates Employed	Work Performed
Address:	From:	
City, State, Zip:		
Telephone #:	То:	
Job Title		
Reason for Leaving:		
DRIVING RECORD		
The following information is required. If the employment in any position.	nis section is not con	npleted, you will <u>not</u> be considered for
VALID DRIVER'S LICENSE #:	ST	ATE:
CLASS: EXPIRES	d:	
Have you had any moving violations in the	past three (3) years	? [ ] No [ ] Yes How many?
Record the following information for the p	ast five (5) years:	
Accidents: Cause:		
Date:	Where:	
Estimate of Damage: Your car \$		
Injuries:		
Citations: Date:		
Kind:		
Have you ever been convicted of driving u	nder the influence?	[ ] No [ ] Yes
If yes, date(s): Expla	nin:	

## **EDUCATION BACKGROUND**

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OF DIPLOMA
High School					
College					
Other					
List any of Big	Horn Enterprises areas in	which you will no	ot accept employme	nt:	
REFERENC	CES:				
Give name, ad employers:	dress, and telephone numb	er of three refere	nces who are not rel	ated to you and a	re not previous
1					
2					
3					
Do you have a	KILLS AND QUALII current CPR/first Aid Certi	ification [ ] Yes		nent or other expe	rience.
-					

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

## PRE-EMPLOYMENT DRUG SCREENING

I understand that Big Horn Enterprises has a policy against the possession, use, sale, or transfer of illegal drugs by its employees. I further understand that Big Horn Enterprises is committed to a drug-free workplace and the pre-employment drug testing is one method of implementing that policy. A copy of the Drug-free Workplace Policy is available from a Director. I understand that pre-employment testing is a condition of employment.				
AUTHORIZATION FOR RELEA	ASE OF INFORMATION			
investigation in my personal or employr personal or employment history, federal participating in Medicaid, Medicare, CF specifically authorize those persons, who personal and employment history record and social services agencies. I further at Enterprises, Inc. to release and make comployment with Big Horn Enterprises, corporation, credit agency, administrative of Family Services, Department of Criminc. as set forth above, any information consumer report concerning your credit In consideration of the review of my emand agree to hold harmless, Big Horn Enterprises, B	hereby expressly authorize Big Horn Enterprises, Inc. to make any ment history including, but not limited to, investigation of my land/or state criminal, law enforcement, Exclusion from HIP and all Federal healthcare programs, or traffic records. I no have access to such information, to make copies of all prior ds and the records to any and all law enforcement agencies, courts, authorize representatives of any agency contacted by Big Horn opies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections with my application for pies of such records in connections pies of such pies of such records in connections pies of such records pies of such records			
Applicant	Date			
APPLICANT'S STATEMENT				
	ment relationship with this company is of an at will nature, which any time and the employer is free to determine that continued ad to discharge that employee.			
	nd that false or misleading information given in my application or understand, also, that I am required to abide by all rules and			
regulations of the employer.				
	rue and complete to the best of my knowledge.			

Revised: 11/2011