

EMPLOYMENT APPLICATION

It is the policy of BA Services, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Please complete the entire application.

Applicant Information

Full 1	Name
Home Ad	dress
City, State &	& Zip
Number of years at this add	ress?
Mobile F	Phone
Home F	Phone
Social Security Nu	mber
Driver's License (State & Nur	nber)
Emergency Contact – Wh	om should be contacted in the event of an emergency?
Full Name	
Relationship to you?	
Address	
City, State & Zip	
Mobile Phone	
Home Phone	

Job / Position Information

	Job / Position Applying For	
	Full or Part-Time	
	Salary Desired	\$ Per
Who	referred you to BA Services?	
	How will you get to work?	
Are you willing to work any shift,	including nights & weekends?	
If applicable, are yo	ou available to work overtime?	
If you are offered emp	ployment, when can you start?	
*Have you ever been convicted	d of a felony or misdemeanor?	
If yes	, what were you convicted of?	
	Date of conviction?	
	City and state of conviction?	
*Please note that the existence of a crime employment unless relevant to the type		an automatic bar to
Em	ployment History	
List your current or most recent employm military service) which you have held, beg employment.		
Employer Name		
Supervisor's Name		
Address		
City, State & Zip		
Job Duties		
Reason for leaving?		
Dates of Employment (Month / Year)	From	Γο

Employer Name				
Supervisor's Name				
Address				
City, State & Zip				
Job Duties				
Reason for leaving?				
Dates of Employment (Month / Year)	From To			
Employer Name				
Supervisor's Name				
Address				
City, State & Zip				
Job Duties				
Reason for leaving?				
Dates of Employment (Month / Year)	From To			
References List any two non-relatives who would be willing to provide a reference for you.				
Name				
Address				
City, State & Zip				
Phone				
Email				
Relationship				

Name	
Address	
City, State & Zip	
•	
Phone	
Email	
Relationship	
Please provide any other information that y bound by any agreement with any current	ou believe should be considered, including whether you are employer.
I certify that the information provided on thi	Certification s application is truthful and accurate. I understand that
	vill be the basis for rejection of my application, or if
employment and education. I authorize for information fully and freely regarding my	rmer employers and educational organizations regarding my ormer employers and organizations to communicate previous employment, attendance, and grades. I authorize communicate information fully, and freely regarding my
If an employment relationship is created, I contract of employment signed on behalf or relationship will be "at-will". In other wo either I or my employer will be able to ter cause. With appropriate notice, I will hav relationship when I choose and for reasons as well. Moreover, no agent, representative	I understand that unless I am offered a specific written of the organization by its General Manager, the employment rds, the relationship will be entirely voluntary in nature, and minate the employment relationship at any time and without e the full and complete discretion to then the employment is of my choice. Similarly, my employer will have the right re, or employee of BA Services, Inc, except in a specific behalf of the organization by its General Manager, has the e of the employment relationship.
I have carefully read the above co	ertification and understand and agree to its terms.
Applicant Signature	Date