



BRISLIN, Inc.
4051 Military Road
Columbus, MS 39705
Ph: 662-328-5814

Equal Opportunity Employer

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.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____ **Date of Application:** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone #: () _____ **Email** _____

Referred by:	Walk-in <input type="checkbox"/>	Employment Agency <input type="checkbox"/>	Friend or Relative <input type="checkbox"/>	If friend or relative, name of individual?
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Eligible to work in the United States? Yes No (Proof will be required if hired)

Previously employed here? Yes No If yes, date? _____

Are you presently employed? Yes No If yes, may we contact? Yes No

Are you available to work Full-time Part-time Temporary **Date available to start?** _____

Are you laid off and subject to recall? Yes No **Can you travel if required?** Yes No

Have you been convicted of a felony within the past 5 years? Yes No

If yes, please explain _____

EDUCATION HISTORY

	Name & Location of School	Years Attended	Did You Graduate	Studied or Degree
High School				
College				
Trade / Business School				

Skills & Qualifications: (Licenses, Skills, Training, Awards) _____

REFERENCES *(Three persons not related to you, whom you have known at least one year)*

	Name	Address	Phone	Business
1.				
2.				
3.				

FORMER EMPLOYMENT (most recent employment first)

Month & Year	Name & Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check may be necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and will also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility document form upon hire.

Date: _____ **Signed:** _____

<i>OFFICE USE ONLY – To be completed by Brislin</i>					
Application Received _____					
Contact Made: (by, date) _____					
Interviewed: (by, date) _____					
Interview Remarks: _____ (ability, promptness, appearance, personality)					
Abilities:	Climb Ladder ___ 4' ___ 8' ___ 12'	Lifting at least 50lbs ___ floor ___ overhead ___ carry	Squat / kneel / stoop for long periods of time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No	Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No
Temp Hire: <input type="checkbox"/>	Direct Hire: <input type="checkbox"/>	Hired: _____	Position: _____	Wage Rate: _____	Will Report: _____
Safety Training Completed: <ul style="list-style-type: none"> <input type="checkbox"/> Employee Handbook – acknowledgement signed <input type="checkbox"/> Health & Safety – acknowledgement signed <input type="checkbox"/> GHS – acknowledgement signed <input type="checkbox"/> MVR Release – form signed <input type="checkbox"/> Drivers License – picture emailed to dowens@brislininc.com 					
By: _____ Date: _____					
Emergency Contact:		Name: _____	Phone: _____	Relationship: _____	