



Employee Application Packet

Form BA-1661
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EMPLOYEE INFORMATION FORM

Please fill out all of the information below

Filled out by Employer:

EMPLOYEE I.D.: _____

POSITION: _____

Filled out by Applicant:

Applicant Name: _____

Date of Birth: _____

Craft/s Applying for: _____

Current Address: _____

Cell Phone Number: _____

Home Phone Number: _____

Email Address: _____

EMERGENCY CONTACT

Emergency phone: _____

Name of Emergency Contact: _____

Relationship: _____

I attest with my signature below that I have given to Born Industrial LLC. true and complete information on this application. No requested information has been concealed. I authorize Born Industrial LLC. to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

All Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital or protected veteran status, disability status, or any other legally protected status.

Position(s) Applying For:	Date of Application:
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Last Name:	First Name:	Middle Initial:
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Present Address:	Street:	Apt:
	City:	State: Zip:

Telephone #:	Email Address:
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Are you 18 years of age & can you provide required proof of your eligibility to work? Yes No

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

Have you ever applied for employment with Born Industrial, LLC?	If Yes, When?
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Have you ever been employed by Born Industrial, LLC.?	If Yes, When?
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When will you be available for work (Indicate Date)?

Are you available for work: Full Time Part Time Any Shift Temporary

Can you work any Shift (Day/Night)? Yes No

Can you work overtime, including weekends? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes No

IN CASE OF AN EMERGENCY NOTIFY:

NAME	ADDRESS	PHONE

PREVIOUS EMPLOYMENT

Company Name:		Phone #:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving?:
May we contact your previous supervisor for a reference?		

Company Name:		Phone #:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving?:
May we contact your previous supervisor for a reference?		

Company Name:		Phone #:
Address:		Supervisor:
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving?:
May we contact your previous supervisor for a reference?		

MILITARY

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview my result in my release.	
Signature:	Date:



BACKGROUND CHECK FORM

I, _____, have read the Disclosure Regarding the Fair Credit Reporting Act provided by BORN INDUSTRIAL, LLC, (the Company) and understand my rights as a "consumer" under the Fair Credit Reporting Act.

I hereby authorize the company to obtain a background check about me as it deems necessary for employment purposes. I understand that a background check may require further interviewing with the company.

Through your signature below you acknowledge your understanding that you may be offered work, if work is available, within your scope of experience and ability. Should you be notified of a position available "The Company", you expressly understand and will comply that the company, its hiring center personnel and/or its supervisory personnel at a job site cannot and do not provide any promise or guarantee as to the duration of any employment, the number of hours that you may/or may not be asked to work each day and/or the pay rate or salary which may be offered. When due to the nature of the project to which you are assigned, the needs of our customers, or any other reason "The Company" is no longer able to provide work, you will be so notified and your temporary employment relationship will be terminated.

CERTIFICATION AND RELEASE:

I certify that I have read and understand the application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts by me in this application may result in rejection of my application or termination of employment. I authorize all persons, schools, companies, and law enforcement agencies to release any and all information concerning my background and in so doing also hereby release any said persons, schools, companies and law enforcement agencies from any liability or damage for the release of said information.

APPLICANT'S SIGNATURE

DATE