

BIBLIA, INC.

APPLICANT: **PLEASE READ CAREFULLY**

1. IN COMPLETING THIS APPLICATION, AND IN ANSWERING ANY QUESTIONS OR PROVIDING INFORMATION ABOUT YOURSELF DURING THE HIRING PROCESS, PLEASE DO NOT DISCLOSE ANY PHYSICAL OR MENTAL IMPAIRMENT YOU MAY HAVE. PLEASE FAMILIARIZE YOURSELF WITH THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING AND DETERMINE WHETHER, EITHER WITH OR WITHOUT A REASONABLE ACCOMODATION, YOU ARE ABLE TO PERFORM THE ESSENTIAL FUNCTIONS. IF A JOB OFFER IS MADE, YOU SHOULD THEN IDENTIFY FOR US ANY REASONABLE ACCOMODATIONS YOU BELIEVE ARE NECESSARY TO ENABLE YOU TO PERFORM THE JOB. REASONABLE ACCOMMODATIONS WHICH DO NOT CREATE AN UNDUE HARDSHIP WILL BE PROVIDED IN ACCORDANCE WITH THE "AMERICANS WITH DISABILITIES ACT."
2. WE ALSO REQUEST THAT, DURING THE HIRING PROCESS, YOU REFRAIN FROM DISCLOSING ANYTHING ABOUT YOUR MARITAL STATUS, AGE, RACE, COLOR, NATIONAL ORIGIN AND RELIGION. YOU MAY CHOOSE TO PROVIDE SOME OF THIS INFORMATION ON THE "EEO-1" FORM WHICH WILL BE PROVIDED TO YOU WITH YOUR APPLICATION.
3. UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE. THIS MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE.

FOR OFFICE USE ONLY

INTERVIEW DATE: _____ INTERVIEW TIME: _____ RATE QUOTED: _____

**BIBLIA, INC.
APPLICATION FOR EMPLOYMENT**

POSITION APPLIED FOR: _____

DATE: _____

NAME _____ SS# _____
LAST FIRST MI

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE _____ ALTERNATE PHONE _____

EMAIL: _____ DOB: _____

PLACE OF BIRTH: _____

Have you ever been employed here before? If yes, give date _____ YES NO
Are you currently on "layoff" status and subject to recall? YES NO
Have you ever been injured in an on the job accident? YES NO
Will you work as needed? YES NO
Do you have a good contact number with voice mail you can check daily? YES NO
Will you work Saturday and/or Sunday as needed? YES NO
Are you able to meet the attendance requirements for this position? YES NO
Have you ever been convicted of a felony? If yes, please explain on back. YES NO
Have you ever filed for worker's compensation benefits? YES NO
Do you have a reliable means of transportation? YES NO
Can you lift at least 75 lbs? YES NO
Do you have TWIC card? YES NO
Do you have a valid driver's license? YES NO

BY SIGNING BELOW YOU INDICATE THAT YOU UNDERSTAND THE FOLLOWING RULES:

The first 90 days of employment is a probation period and you may be terminated at any time for any reason.

Failure to report an accident within 8 hours in person or by phone is cause for termination.

Failure to call in when absent is cause for termination or suspension.

Making false statements on this application can result in termination.

Failure to follow the safety rules may result in termination or suspension.

Three written warnings will be grounds for termination.

If you quit within the first 90 days of employment the cost of your pre-employment physical will be deducted from your final paycheck.

I HAVE READ AND UNDERSTAND THE REQUIREMENTS, RULES AND POLICIES LISTED ABOVE.

(Signature) _____

(Date) _____

EMPLOYMENT HISTORY

Please provide the following information of your past employment by starting with your present or most recent job.

Employer _____ From _____ to _____
 Address _____ Job Title _____
 Telephone _____ Supervisor _____
 Reason for leaving _____ Rate _____
 Summarize work performed and job responsibilities _____

Employer _____ From _____ to _____
 Address _____ Job Title _____
 Telephone _____ Supervisor _____
 Reason for leaving _____ Rate _____
 Summarize work performed and job responsibilities _____

Employer _____ From _____ to _____
 Address _____ Job Title _____
 Telephone _____ Supervisor _____
 Reason for leaving _____ Rate _____
 Summarize work performed and job responsibilities _____

SKILLS & QUALIFICATIONS

Summarize any 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: _____

Check any of the following trades for which you are qualified:

___ Carpenter ___ Crane Operator ___ Ship fitter ___ Machinist ___ Electrician ___ Welder (combo)
 ___ Rigger ___ Pipefitter ___ Painter ___ Sandblaster ___ Laborer ___ Mechanic

EDUCATION

TYPE	NAME	LOCATION	YRS ATTEND	COURSE STUDY	DEGREE
GRADE					
HIGH SCHOOL					
COLLEGE					

VOCATIONAL					
OTHER					

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? ___Yes ___No If yes, what branch? _____
 Describe any military training received relevant to the position for which you are applying. _____

Have you been discharged from the service since August 4, 1964? ___Yes ___No
 Are you a veteran of Vietnam? ___Yes ___No

REFERRAL INFORMATION

How did you learn about us? ___Newspaper ___Job Service ___Temporary Service
 ___Friend ___Employee ___Walk In ___Other

REFERENCES

List below three references, whom we may contact, that are not relatives or former employers.

1. Name _____ Telephone _____
2. Name _____ Telephone _____
3. Name _____ Telephone _____

EMERGENCY INFORMATION

In case of emergency - Notify _____ Telephone _____
 Relationship to employee _____

APPLICANTS STATEMENT

I CERTIFY THAT THE ANSWERS GIVEN HERE ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 90 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD, SHOULD INQUIRE AS TO WHETHER OR NOT APPLICATIONS ARE BEING ACCEPTED AT THAT TIME. I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN "AT WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF BIBLIA, INC.

APPLICANT SIGNATURE _____ DATE _____