



Burgaflex North America, LLC.

1101 Copper Ave.
Fenton, MI. 48430
Ph: 810-603-1068

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APPLICATION FOR EMPLOYMENT

Please fill out completely for consideration. Attach a copy of your resume if available. If you need help completing this application form or any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Burgaflex North America, LLC., is an Equal Opportunity Employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, religion, sexual orientation, disability, military status or any other basis protected by law. If you feel answering any question is against your civil rights, please do not answer.

Name: _____ Today's Date: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

EMPLOYMENT DESIRED – Please note here which position you are applying for _____

Interested In: Full-time Part-time Other Date you can start work: _____
What hours are you available to work each day of the week:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Have you ever been employed by our company? Yes No If yes, Date: from _____ to _____
Do you know anyone that is employed or has been employed with our company Yes No
If yes, please explain: _____

EDUCATION - Please circle highest grade completed: 6 7 8 9 10 11 12 13 14 15 16 17 18

Name	City/State	Dates	Field of Study	Did you graduate?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

Are you legally eligible to work in the US without sponsorship? Yes No
If yes, location: _____ Reason: _____
US Military / Naval Service: _____ Rank: _____ Discharge Date: _____
Will you travel? Yes No Driver's License No.: _____ State: _____

Note to Applicant: Do not answer this question unless you have been informed about the requirements of the job which you are applying.
Are you capable of performing in a reasonable manner the activities included in the job or occupation for which you have applied?
 Yes No

REFERENCES – Include only individuals familiar with your work ability. Do not include relatives.

Name	Address/Phone	Years Known	Relationship



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EMPLOYMENT REFERENCES – Your application may not be considered if requested items are omitted and not answered. Since we will make every effort to contact previous employers, the correct telephone number of past employers are critical.*

Most Recent Employer Are you currently working for this employer? Yes No
If yes, may we contact this employer? Yes No

Company Name City, State Phone Number

Dates Employed Job Title Supervisor's Name

Salary Reason for Leaving

Second Most Recent Employer Are you currently working for this employer? Yes No
If yes, may we contact this employer? Yes No

Company Name City, State Phone Number

Dates Employed Job Title Supervisor's Name

Salary Reason for Leaving

Third Most Recent Employer Are you currently working for this employer? Yes No
If yes, may we contact this employer? Yes No

Company Name City, State Phone Number

Dates Employed Job Title Supervisor's Name

Salary Reason for Leaving

Fourth Most Recent Employer Are you currently working for this employer? Yes No
If yes, may we contact this employer? Yes No

Company Name City, State Phone Number

Dates Employed Job Title Supervisor's Name

Salary Reason for Leaving

*Please explain any time gaps or unusual incidents in the above employment history.



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CERTIFICATION AND RELEASE – Please read and understand this statement before signing the application.

I certify that the answers given 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, or omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and or its agents including consumer-reporting bureaus to verify my information including, but not limited to, criminal history and motor vehicle records. I authorize persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage during employment. If the company requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Further, I understand that, if hired, my employment will be introductory for a period of 90 days. I understand and agree that my employment is at will and for no definite period and may, regardless of the date of payment of my wages, be terminated at any time by me or the company without previous notice. I understand that my employment is contingent on working the scheduled hours and that these hours are subject to change. I also understand that this application will expire according to the guidelines required under law, which may require me to re-apply for employment.

Finally, I understand that as an employee of Burgaflex North America, LLC., if I am asked by the Company to participate in Skills Set Profile, I agree to provide my Social Security Number in order to complete a confidential assessment. And, should I become employed by Burgaflex North America, LLC., I fully understand that my employment is "At-Will."

Signature

Date