



BBS & Associates Application

Last name			First	MI	For Personnel use only		Date of application	
Street address					Type(s) of work desired		For Office Use Only	
City		State		ZIP	Country		Home telephone	Cell phone
How were you referred to BBS? (Circle only one.)	A By your college: list	B Advertisement	C Employment agency	D By an employee	If employee, give name:	E Open house	F Walk-in	G Other-please state:

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

If any of your educational or employment records are under other than the above name, please provide other names also.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business	Title, type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
	Dates worked		
	From	To	
Reason for leaving			
Company		Type of business	Title, type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
	Dates worked		
	From	To	
Reason for leaving			

Company		Type of business	Title, type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
	Dates worked From	To	
Reason for leaving			
Company		Type of business	Title, type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
	Dates worked From	To	
Reason for leaving			
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Supervisor's name		Phone number	
	Dates worked From	To	
Reason for leaving			
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City	State	ZIP code	
Supervisor's name		Phone number	
	Dates worked From	To	
Reason for leaving			
Company		Type of business	Title, type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
	Dates worked From	To	
Reason for leaving			

Educational History

School name	Location (city, state)	Major course or subject	Number of years attended	Graduated		Degree
				Yes	No	
High school						
Technical/trade (after high school)						
College (list all attended)						
Other education/training						

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held

Past and present civic or cultural activities — include offices held

Principal hobbies

Special Skills

<i>To be completed by applicant for office/clerical roles</i>			<i>To be completed by applicant for creative/digital/business roles</i>	
Typing	Yes No	Words per minute:	List software	Years of experience
Dictation/Transcription (circle applicable)	Yes No	Words per minute:	List technology applications	Years of experience
Computer skills	Hardware (type) Software (list)		List technology credentials/certifications and training	Years: From To
Please list other skills, certifications, training or language experience you have acquired			Extent/years of experience	

Personal References

List three people who are not related to you.

Name	Title/relation ship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Email address	Occupation

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relation ship	Address (street, city, state, ZIP code)	Phone no. (include area code)	Email address	Occupation

May we contact your present employer? Yes
 No

Wage or salary required _____

Date available for work _____

Preferred work status Full Time Part Time Temporary

Can you travel if a job requires it? _____

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of the company or myself.

Date

Signature