

B&M TECHNICAL SERVICES

<p style="text-align: center;"><i>B&M Technical Services</i> 364 Industrial Drive, PO Box 48 Coloma, WI 54930 Phone: (715) 228-7604 Fax: (715) 228-3418 Web Page: www.bmtechservice.com</p>	<h2 style="margin: 0;">APPLICATION FOR EMPLOYMENT</h2>	<p style="text-align: center;">For Office Use Only</p>
---	--	--

IMPORTANT INSTRUCTIONS: Please fill out the application completely. You may choose to attach a resume as a supplement. However, please do not enter "See Resume" when completing this document. Thank you for your interest in B&M Technical Services employment opportunities.

Name:	Home Phone: () ()
(Last) (First) (Middle)	Cell Phone: () ()
Address:	E-mail Address:
(Street) (Apt #)	
(City) (State) (Zip Code)	
Title of Position Applying for:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Limited Term employment (LTE)	
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	When will you be available for employment?
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS:	IF CURRENTLY LICENSED OR REGISTERED TO PRACTICE IN WISCONSIN AS A MEMBER OF SOME PROFESSION OR TRADE, INDICATE TYPE OF LICENSE OR REGISTRATION AND NUMBER:
Have you ever had a traffic violation or are any pending against you (including speeding violations, seatbelt violations, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
SPECIAL SKILLS: Typing Speed _____ WPM List all computer software which you can operate skillfully: _____ _____	

EDUCATION:

Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Location of School: _____ If "No", have you passed a High School Equivalency or GED Test? <input type="checkbox"/> Yes <input type="checkbox"/> No Location and Date of Test: _____

TRAINING BEYOND HIGH SCHOOL: Accredited Technical College, College, University, or other schools you have attended.						
College, University or School – Name and Location	Date Attended (Month/Year) From To		Presently Attending	Major Field	Type of Degree (If Rec'd)	GPA
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, in-service training. Please provide dates.						

WORK EXPERIENCE:

From (Month & Year)	Title of position held:		PRIMARY DUTIES:
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Name and Title of Supervisor:	Street Address: City, State, Zip:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Hours Each Week:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving or Considering Change:	

From (Month & Year)	Title of position held:		PRIMARY DUTIES:
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Name and Title of Supervisor:	Street Address: City, State, Zip:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Hours Each Week:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving or Considering Change:	

From (Month & Year)	Title of position held:		PRIMARY DUTIES:
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Name and Title of Supervisor:	Street Address: City, State, Zip:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Hours Each Week:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving or Considering Change:	

From (Month & Year)	Title of position held:		PRIMARY DUTIES:
To (Month & Year)	Employer's Name (Company Name)	Phone No.	
Name and Title of Supervisor:	Street Address: City, State, Zip:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Hours Each Week:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Leaving or Considering Change:	

USE A SEPARATE SHEET TO CONTINUE WITH ADDITIONAL QUALIFYING EMPLOYMENT DATA, USING SAME FORMAT AS ABOVE.

Have you ever been suspended/discharged from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____ _____

AUTHORIZATION AND CERTIFICATION

READ CAREFULLY BEFORE SIGNING:

I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

I authorize any person contacted to provide B&M Technical Services any and all information regarding my employment, education, and other information concerning any of the subjects covered by the application which may include but not be limited to: Application of employment; performance evaluations; work records; wage rates; supervisor's comments; results of any and all tests' disciplinary reports or letters; and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by B&M Technical Services to request employment records from my present and/or former employer(s). I release and hold harmless B&M Technical Services, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the providing of this information.

I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment or continue employment with B&M Technical Services. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by B&M Technical Services, and consent to the release of the test results to B&M Technical Services. I hereby release and hold harmless B&M Technical Services, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

I authorize B&M Technical Services, its officers, agents and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless B&M Technical Services, their officers, agents, and employees, and the person(s) providing the information, from any liability related to the performance or result of this check.

If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period and that I am an "at-will" employee during this probationary period. In addition, I understand that B&M Technical Services maintains a drug-free and violence-free workplace.

I understand B&M Technical Services will not reimburse me for interview or re-location expenses. All expenses shall be applicant's responsibility.

Applicant's Signature

Date