

Application for Employment

 Requisition Number: (one number per application)

Must Be 18 or Older to Apply

PERSONAL INFORMATION Pre-Employment Questionnaire			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:	Email Address:		
Date Available:	Desired Hourly Wage:		
Are you employed now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	May we contact your employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when? Supervisor Name:
If needed, would you relocate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Referred By:

EDUCATION
Highest Level of Education Completed:

PREVIOUS EMPLOYMENT (List the most significant employers with whom you worked in the same field. Do not include employers or identify positions that are not in the same field as the position in which you are applying)				
Dates Employed Month/Year	Company Name City, State & Phone	Salary/ Hourly Wage	Position	Reason for Leaving
FROM: TO:				
FROM: TO:				
FROM: TO:				
FROM: TO:				

Years of experience working in the field of the position for which you are applying?

DISCLAIMER AND SIGNATURE	
Brycon Corporation is an Equal Opportunity Employer I understand that a drug/alcohol test and background check is a condition of hiring and will be required upon hire, random, reasonable suspicion and immediately after any on the job accident in which I am involved. I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that, if hired, falsified statement on this application shall or may be ground for dismissal. I authorize the investigation of all statements contained herein and the reference listed above to give Brycon Corporation all information concerning my previous employment and any pertinent information they may have and release all parties from all liability for any damages that may result from furnishing this information. I understand and agree, that if hired, my employment is for definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time, without prior notice and without cause. I understand and agree, that if hired, I authorize Brycon Corporation to obtain information from various consumer reporting agencies regarding my driving record. I understand that such information may be required to comply with the Injury & Illness Prevention Program of Brycon Corporation and / or requirements of companies providing insurance to Brycon Corporation.	
Signature:	Date:

Email completed application to: careers@brycon.com or fax to 505.892.3371. Brycon has the right to reject any application that is incomplete or has any additional information not required requested. This application will be valid for 20 days from date received.