

B & R SALVAGE OF NEW YORK

APPLICATION FOR EMPLOYMENT
(Please Print in Ink)

Instruction:

Completeness, accuracy and legibility are important in filling out your Employment Application. Any material omission, wholly or in part, including failure to reveal prior employment, and/or the furnishing of any false or misleading information will be ground for not hiring you, or for termination after hire. Frankness and honesty during your interview are equally important.

Authorization and Release:

For my being considered for employment, I give B & R Salvage of New York the right to investigate my background at any time. I authorize and request all persons, companies and organizations, including credit bureaus, schools and law enforcement agencies to furnish any information about me to B & R Salvage of New York. I release from any liability arising from any employment decision, which is based in whole or in part on such information.

DATE _____ SIGNATURE _____

PERSONAL DATA

PRINT NAME: LAST	FIRST	MIDDLE	SOCIAL SECURITY NO.

ADDRESS NO.	STREET	APT. #	

CITY	STATE	ZIP CODE	

HOME PHONE# ()	-	MESSAGE PHONE# ()	-

IF UNDER 18 YEARS OLD PLEASE GIVE DATE OF BIRTH MONTH DAY YEAR			

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE LEGALLY PERMITTED TO WORK IN THE US? YES ___ NO ___			

POSTION DESIRED

POSITION DESIRED: PLEASE BE SPECIFIC:	DATE AVAILABLE:

FULL TIME _____ PART TIME _____ TEMPORARY _____	WAGE/SAL.EXPECTED _____

PREVIOUSLY EMPLOYED BY B & R SALVAGE OF NEW YORK? YES ___ NO ___	IF YES FROM TO
LOCATION: _____	
ARE YOU WILLING TO CHANGE WORK LOCATIONS AND TRAVEL IF REQUESTED? YES _____ NO _____	
DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO COMPLY WITH THE WORK SCHEDULE OF THE:	
POSITION YOU ARE APPLYING FOR?	YES _____ NO _____
DO YOU HAVE A VALID DRIVER LICENSE?	YES _____ NO _____ STATE: _____
NUMBER: _____	
IF APPLYING FOR A TRUCK DRIVER POSITION YOU MUST PRESENT A VALID/CURRENT MVR.	
ARE THERE ANY HOURS, SHIFTS OR DAYS YOU CANNOT WORK? YES _____ NO _____	
IF YES, PLEASE SPECIFY. _____	

DAYS/HOURS AVAILABLE FOR WORK: MON.	TUES. WED. THUR. FRI. SAT. SUN.

CONVICTION RECORD

HAVE YOU EVER BEEN CONVICTED of any criminal offense (felony or misdemeanor) including drunk driving or drug related offenses, which have been annulled or sealed, by the court? YES _____ NO _____
 If YES, explain fully, indicating date, charge, place under what name and action taken
 Use additional paper if necessary.

NOTE: A conviction is not an automatic bar to employment. Instead, a careful and thorough investigation will be made. Consideration will be given to the amount of time since the conviction. Your employment history, the relationship between the type of employment and the crime involved, and any other items pertaining to your employment and efficient operation of our business. Failure to answer this question may result in termination.

It is policy of B & R Salvage of New York to recruit and hire employees on the basis of individual qualifications and competency as related to the specifications of the position being filed. B & R Salvage of New York does not discriminate on the basis of race, color, religion creed, sex, national origin, age or disability.

Complete the employment history section below and account for all time in the last ten years. Please complete each area, for each employer. Failure to do so will affect the consideration of your application if necessary. If you are applying for part-time position, please include your full-time employers. May we contact your present employer? YES _____ NO _____

EMPLOYMENT HISTORY

DATES	PRESENT OR LAST EMPLOYER	DUTIES
FROM (MO & YR)	NAME	YOUR TITLE
TO (MO & YR)	ADDRESS	DUTIES
HOURS PER WEEK	CITY AND STATE ZIP CODE	
STARTING RATE	SUPERVISOR'S NAME	PHONE NO.
ENDING RATE:	REASON FOR LEAVING	
DATES	PREVIOUS EMPLOYER	DUTIES
FROM (MO & YR)	NAME	YOUR TITLE
TO (MO & YR)	ADDRESS	DUTIES
HOURS PER WEEK	CITY AND STATE ZIP CODE	
STARTING RATE	SUPERVISOR'S NAME	PHONE NO.
ENDING RATE:	REASON FOR LEAVING	
DATES	PREVIOUS EMPLOYER	DUTIES
FROM (MO & YR)	NAME	YOUR TITLE
TO (MO & YR)	ADDRESS	DUTIES
HOURS PER WEEK	CITY AND STATE ZIP CODE	
STARTING RATE	SUPERVISOR'S NAME	PHONE NO.
ENDING RATE:	REASON FOR LEAVING	

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DATES	PRESENT OR LAST EMPLOYER	DUTIES
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DATES	PREVIOUS EMPLOYER	DUTIES
FROM (MO & YR)	NAME	YOUR TITLE
TO (MO & YR)	ADDRESS	DUTIES
HOURS PER WEEK	CITY AND STATE ZIP CODE	
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ENDING RATE:	REASON FOR LEAVING	
DATES	PREVIOUS EMPLOYER	DUTIES
FROM (MO & YR)	NAME	YOUR TITLE
TO (MO & YR)	ADDRESS	DUTIES
HOURS PER WEEK	CITY AND STATE ZIP CODE	
STARTING RATE	SUPERVISOR'S NAME	PHONE NO.
ENDING RATE:	REASON FOR LEAVING	

ARE YOU RELATED TO OR ACQUAINTED WITH ANYONE AT B&R SALVAGE OF NEW YORK, INC? YES _____ NO _____ IF YES WHOM?		
NAME	RELATIONSHIP	LOCATION
NAME	RELATIONSHIP	LOCATION
HOW WERE YOU REFERRED TO US? AD _____ SCHOOL _____ OTHER _____ IF BY EMPLOYEE; PLEASE PRINT NAME? _____		

EDUCATIONAL RECORD

TYPE OF SCHOOL	NAME AND ADDRESS	HIGHEST LEVEL COMPLETED
HIGH SCHOOL		
JUNIOR COLLEGE		
COLLEGE/UNIVERSITY		
GRADUATE/OTHER		
BUISNESS/TRD. SCHOOL		

JOB RELATED SKILLS

Note any details, which should be considered in light of your qualifications. Include honors, awards, publications, certifications, supervisory background, hobbies, professional memberships, etc. Exclude any, which indicate the race, religion, religious creed, national origin, color, ancestry, age, disability, or sex of its members.

REFERENCES

Please provide three (3) business references and/or co-workers, not related to you, whom you have known at least one (1) year.

NAME	ADDRESS/PHONE	BUSINESS	YRS. KNOWN

It is the policy of the Company to conduct a thorough investigation of the background of all employees or employee applicants. This background will normally include the following:

Stores Protective Association Files
 Credit Records
 Employment Records

Court Records
 School/Educational Records
 Personal/Business References

In consideration of my employment, I agree to conform to the rules and regulations of the Company. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the Company or myself. This at-will employment relationship will remain in effect throughout my employment with the Company unless it is specifically modified by an express written agreement executed by the President of the Company and by me. This at-will employment relationship may not be modified by any oral or implied agreement or by the provisions of any Company Policy or Handbook.

Signed _____ Date _____

Signed _____ Date _____

(Parent/Guardian if applicant under age 18)