



Employment Application

Applicant Information											
Full Name:								Date:			
<i>Last</i>					<i>First</i>			<i>M.I.</i>			
Address:											
<i>Street Address</i>										<i>Apartment/Unit #</i>	
<i>City</i>								<i>State</i>		<i>ZIP Code</i>	
Phone:		()			E-mail Address:						
Date Available:					Social Security No.:					Date of Birth:	
Position Applied for:											
Are you a citizen of the United States?				YES	NO	If no, are you authorized to work in the U.S.?				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
Have you ever worked for this company?				YES	NO	If yes, when?					
				<input type="checkbox"/>	<input type="checkbox"/>						
Have you ever been convicted of a felony?				YES	NO						
				<input type="checkbox"/>	<input type="checkbox"/>						
If yes, explain:											
Education											
High School:				Address:							
From:		To:		Did you graduate?		YES	NO	Degree:			
						<input type="checkbox"/>	<input type="checkbox"/>				
College:				Address:							
From:		To:		Did you graduate?		YES	NO	Degree:			
						<input type="checkbox"/>	<input type="checkbox"/>				
Other:				Address:							
From:		To:		Did you graduate?		YES	NO	Degree:			
						<input type="checkbox"/>	<input type="checkbox"/>				
References											
<i>Please list three personal references.</i>											
Full Name:				Relationship:							
Company:				Phone:				()			
Address:											
Full Name:				Relationship:							
Company:				Phone:				()			
Address:											
Full Name:				Relationship:							
Company:				Phone:				()			
Address:											

Previous Employment

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$

Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$

Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company:				Phone:	()
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary:	\$

Responsibilities:					
From:		To:		Reason for Leaving:	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Military Service

Branch:				From:		To:	
Rank at Discharge:			Type of Discharge:				
If other than honorable, explain:							

Disclaimer and Signature

Drug testing is a requirement prior to employment. By signing this application you are authorizing B&G Pipeline your permission to provide a pre-employment drug test.

I certify that my answers are true and complete to the best of my knowledge. B&G Pipeline company will do a background check to verify all information. By signing this application you are authorizing B&G Pipeline your permission to verify any and all the information provided.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my immediate release.

Signature:				Date:	
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