



EMPLOYMENT APPLICATION

6545 West 151st Street - Overland Park, KS 66223
 Phone: 913.685.6000 Fax: 913.685.6060

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, religion, sex, national origin or disability.

POSITION APPLIED FOR		APPLICATION DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE ZIP
TELEPHONE (HOME) (OTHER)	SOCIAL SECURITY #	SALARY DESIRED
DAYS/HOURS AVAILABLE FOR WORK	EMPLOYMENT TYPE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL	
WERE YOU PREVIOUSLY EMPLOYED BY THE BVRC? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATES AND DEPARTMENT/POSITION:		
ARE YOU LEGALLY ELIGIBLE TO WORK FOR THIS EMPLOYER IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN CASE OF EMERGENCY, CONTACT: NAME: TELEPHONE:	

HAVE YOU EVER BEEN FOUND GUILTY OR PLEADED GUILTY TO ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?* YES NO
 IF YES, PLEASE EXPLAIN: _____

* Please note: An affirmative answer does not necessarily disqualify you for employment. Applications will be judged on a case by case basis, and consideration will be given to individual circumstances.

WORK EXPERIENCE - List present & former employers, beginning with most recent.

DATE (Month & Year)	NAME, ADDRESS, PHONE # OF EMPLOYER & IMMEDIATE SUPERVISOR	WAGE	POSITION	REASON FOR LEAVING
From To		Beginning Ending		
From To		Beginning Ending		
From To		Beginning Ending		

May we contact your current employer? YES NO

SPECIAL SKILLS, QUALIFICATIONS AND CERTIFICATIONS - Include expiration dates.

EDUCATION

NAME & LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	MAJOR OR DIPLOMA
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE OR UNIVERSITY		<input type="checkbox"/> Yes <input type="checkbox"/> No	
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES: Please list 3 persons (not related to you) whom you have known at least 1 year.

NAME	ADDRESS	PHONE #	BUSINESS	YEARS KNOWN
1.				
2.				
3.				

APPLICANT'S CERTIFICATION: Please read carefully before signing.

"I certify that the facts contained in this Application are true and complete to the best of my knowledge and understand that, if employed, untrue or misleading statements on this Application shall be grounds for immediate termination of employment.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to relieve all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated by either me or the BVRC at any time, with or without cause and with or without notice."

SIGNATURE: _____

DATE: _____

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

INTERVIEWED BY	DATE
HIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	POSITION
SALARY WAGE	DEPARTMENT
DATE REPORTING TO WORK	
REFERENCE CHECK COMPLETED (attach form) <input type="checkbox"/> YES <input type="checkbox"/> NO	