

BGC ADVANTAGE LLC

PLEASE PRINT ALL INFORMATION REQUESTED
EXCEPT FOR SIGNATURE

APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE ALL PAGES

DATE _____

NAME: _____

PRESENT ADDRESS: _____
Street # Street name City State Zip

How long at this address? _____ Telephone # _____

Social Security # _____ - _____ - _____

Position applied for: _____ Days available to work: No preference _____

Salary desired: _____ Monday - Friday _____ Any days needed _____

How many hours can you work weekly: _____ Weekends(if needed) _____

Employment desired: _____ FULL TIME ONLY _____ PART TIME ONLY _____ FULL OR PART TIME

When can you start? _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# of YEARS COMPLETED	MAJOR OR DEGREE
High School				
College				
Business or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ NO _____ YES

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentences imposed, and type(s) of rehabilitation: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO

Driver's License # _____ State of issue _____ Operator _____ Commercial(CDL) _____ Chauffeur _____

WHAT IS YOUR MEANS OF TRANSPORTATION TO/FROM WORK? _____

Have you had any accidents during the past three(3) years? _____ YES _____ NO If yes, how many? _____

Have you had any moving violations during the past three(3) years? _____ YES _____ NO If yes, how many? _____

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APPLICATION FOR EMPLOYMENT

FOR OFFICE APPLICANTS ONLY

TYPING YES WPM
 NO

10-KEY YES NO

WORD PROCESSING YES WPM
 NO

PERSONAL COMPUTER YES NO

PC MAC

OTHER OFFICE EQUIPMENT SKILLS: _____

REFERENCES

Please list two(2) references other than relatives or previous employers.

Name	Position	Company	Address	Telephone ()

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional necessary abilities to describe your full qualifications for the specific position for which you are applying.

MILITARY SERVICE

HAVE YOU EVER BEEN IN THE ARMED FORCES? YES NO

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? YES NO

SPECIALTY _____ Date entered _____ Date discharged _____

WORK EXPERIENCE

Please list your work experience for the past five(5) years beginning with your most recent job held. If you were self-employed, give your company name. Attach additional sheets if needed.

Name of Employer _____	Name of Supervisor _____
Address _____	Employment Dates To: _____ From: _____
City, State, Zip _____	Pay or Salary _____
Phone Number _____	Last Job Title _____
Reason for leaving (be specific): _____	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

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APPLICATION FOR EMPLOYMENT

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

I, _____, the undersigned hereby authorize BGC Advantage LLC to obtain information regarding my current and/or previous employment and my criminal background. I authorize release of information without liability to the owners of said company or companies listed above.

Signature of Applicant

Date