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|  | George Bougalis and Sons, Co. |

# Employment Application

3402 15th Avenue East

Hibbing, MN 55746

(218) 263-7476

(218) 263-3542 fax

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Available: |  | Social Security No.: |  | Desired Salary: | $ |

|  |  |
| --- | --- |
| 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[ ]  |
| Are you 18 years or older? | YES[ ]  | NO[ ]  |  |  |  |
| Have you ever worked for this company? | YES[ ]  | NO[ ]  | If yes, when? |  |
|  |  |  |
|  |  |  |  |
|  |  |

## General

|  |  |  |  |
| --- | --- | --- | --- |
| Position(s) for which you are applying: |  | Date available to work: |  |
| How were you referred to us? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| What union(s) are you affiliated with (if any)? |  | Apprentice / Journeyman |  |
| Have you filed an application here within the past 12 months? |  | If yes, give date: |  |
| Have you worked for this company before? |  | Where and when? |  |
| Dates (From – To): |  | Position Held: |  |
| Reason for leaving: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever worked under another name for George Bougalis and Sons? |  | If yes, please state name: |  |
| Are you now employed? |  | If not, how long since leaving last employment? |  |
| Are you able to travel in relation to your work? |  | Regularly / Occasionally / Never (circle one) |
| What is the primary language you speak/read/write? |  | Secondary language? |  |
| Is there any reason you might be unable to perform the functions of the job for which you have applied? |  |
| If yes, please explain |  |
|  |

##  Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Diploma:: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES[ ]  | NO[ ]  | Degree: |  |

## Special Skills and Qualifications

|  |  |
| --- | --- |
| Summarize special skills, certifications and qualifications acquired from employment or other experience in relationship to the job you are applying: |  |
|  |
|  |
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|  |

## References

Please list three professional references who are not related to you in any way who have known you for at least one year and can comment on you work skills.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Years Known: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Years Known: |  |
| Company: |  | Phone: |  |
| Address: |  |
|  |  |  |  |
| Full Name: |  | Years Known: |  |
| 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[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |
| 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[ ]  | NO[ ]  |  |
|  |  |  |  |
|  |  |  |  |
| 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[ ]  | NO[ ]  |  |

## Military Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Branch: |  | From: |  | To: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Rank at Discharge: |  | Type of Discharge: |  |

|  |  |
| --- | --- |
| If other than honorable, explain: |  |
|  |
|  |
|

|  |  |
| --- | --- |
| What assignments or special training while in service is related to the job for which you are applying? |  |

|  |
| --- |
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## Disclaimer and Signature

It is agreed and understood that any misrepresentations or omission of information given by me in completion of this application or on my resume or during any stage of the hiring process, shall be considered an act of dishonesty, in which will result in my being denied employment or terminated if I have already been employed. I understand, also, that I am required to abide by all rules and regulations of the Company.

It is agreed and understood that the company or its agents may investigate my background to ascertain any and all information of concern relating to my record, and I hereby release the Company and persons named herein from all liability for any damages on account of their furnishing such information. I also agree to furnish such additional information and complete such examinations as may be required to complete my employment file. It is also agreed and understood that this application for employment in no way obligates the company to employ me, and that if I am hired, either I or the company may end the employment relationship at will at any time. I further certify that I have personally completed this employment application and that all of the entries contained within this application, and any information submitted along with the application are true and complete to the best of my knowledge. By signing below, I acknowledge that I have read, understand and agree with the above statements.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

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# Affirmative Action Survey

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |

|  |  |
| --- | --- |
| Position: |  |

George Bougalis and Sons, Co. is required by state and federal agencies to maintain records as a part of our Affirmative Action program. Please answer the affirmative related questions listed below. Please be aware that you are not obligated to complete this form and that any information you do provide voluntarily will be treated as confidential. The information will be retained only for the purpose of monitoring the success of the company’s Affirmative Action program and will not be used for or have any negative effect on hiring decisions.

|  |  |  |
| --- | --- | --- |
| Sex: |  | Male |

|  |  |
| --- | --- |
|  | Female |

|  |  |  |
| --- | --- | --- |
| Race: |  | Caucasian |

|  |  |
| --- | --- |
|  | Black / African American |

|  |  |
| --- | --- |
|  | Hispanic / Latino |

|  |  |
| --- | --- |
|  | American Indian / Alaskan Native |

|  |  |
| --- | --- |
|  | Asian / Pacific Islander |

|  |  |
| --- | --- |
| Veteran Status: | (Check ALL categories that apply) |

|  |  |
| --- | --- |
|  | Protected Veteran |

|  |  |
| --- | --- |
|  | Disabled Veteran |

|  |  |
| --- | --- |
|  | Armed Forces Service Medal Veteran |

|  |  |
| --- | --- |
|  | Recently Separated Veteran (include separation date  |