

THE BRAY CO.

EMPLOYMENT APPLICATION

This application will be given every consideration but its receipt does not imply that the applicant will be employed. Each question must be answered in a complete and accurate manner. No action can be taken until all questions have been answered.

Applicant Name: _____

Position Applied for: _____ Application Date: ____/____/____

How did you hear about us? _____

Social Security Number: _____

Last Name: _____

First Name: _____

Middle Name: _____

Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # (H) _____ (C) _____

Educational History

School	Did you graduate	Major	Grade Point Average	Degree/Diploma
High School	Yes or No			
Business School	Yes or No			
College	Yes or No			
Grade School	Yes or No			

Previous Employment

Company: _____ From: _____ To: _____

Job Duties: _____

Title: _____

Telephone: _____

Pay rate per hour: _____

Previous Employment

Company: _____ From: _____ To: _____

Job Duties: _____

Title: _____

Telephone: _____

Pay rate per hour: _____

Previous Employment

Company: _____ From: _____ To: _____

Job Duties: _____

Title: _____

Telephone: _____

Pay rate per hour: _____

I verify that the information in this employment application is true and correct without omissions of any kind of whatsoever. I understand that if I'm employed, any false, misleading or otherwise incorrect statements made on this application form or during the interview will be sufficient cause for cancellation of this application and/or separation from Bray Management, if I have been employed.

I hereby authorize Bray Management or its agent to contact any individual, school, company, corporation and/or any government agency it deems appropriate to investigate my employment history, character, credit and qualifications and I give full and complete consent to their revealing any and all information they wish as a result of this investigation. I hereby release from liability Bray Management and its representatives for seeking such information and all other persons, schools, companies, corporations and government agencies for furnishing such information. According to the Fair Credit Reporting Agent (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer or from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the sources which provided the information.

I understand that all applicants may be required to submit pre-employed blood tests or urinalysis screening for drug or alcohol abuse and refusal to take such tests when asked will be cause for cancellation of this application.

I understand that if an offer of employment is made on behalf of Bray Management, I will be required to complete my drug screening within 48 hours of the offer. I further understand that if I am not able to complete the screening within that time frame, the offer will be rescinded and I will be ineligible to work at that particular client for a period of one year.

I also understand that, if employed, my employment is "at will" and may be terminated by Bray Management or myself at any time, with or without cause, and with or without notice.

Signature of Applicant: _____

Date: _____

REQUEST FOR REFERENCE WITH RATING OF APPLICANT'S ABILITIES

Applicant's Name: _____ Social Security # _____

Company: _____ Your Position: _____

Employment (month/year): From: _____ To: _____

References: _____ Their title: _____

Employer's Phone Number: _____

I hereby authorize Bray Management to request any former, or present employer, to verify and supply the information requested on this form.

Applicant Signature: _____ Date: _____

****Applicant, Please do not write below this line****

Please provide the following information on the above mentioned applicant:

I verify that the dates of employment and job held information shown above is correct.

Please check the appropriate column indicating your rating of the applicant:

Category	Excellent	Very Good	Good	Adequate	Unsatisfactory
Attendance Records					
Ability to get along with others					
Cooperating					
Ethics & honesty					
Ability to take instruction					
Effective use of time					
Quality of work					

Would you re-hire this applicant: _____ If no, why?: _____

Do you recommend this applicant: _____ If no, why?: _____

Reason for leaving: _____

Signature of Reference: _____ Date: _____

BACKGROUND CHECK

Because of the nature of some of the positions for which you are being considered, it is necessary to provide our client(s) with a background check and/or credit check. We thank you for your cooperation.

Please Print.

Name: _____

Social Security Number: _____

Present Address: _____

Have you ever been convicted of a felony?: _____

If yes, please explain: _____

Have you lived in any other states than Ohio?: _____ If so, please list: _____

Signature: _____ Date: _____