



# Burks Beverage/Broadcasting



Please complete this form in your own handwriting, in ink.

JOB POSITION APPLIED FOR \_\_\_\_\_

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, disability or any other legally protected status.

**NOTE: Passing a pre-employment drug screen is a condition of employment with Burks Beverage/Broadcasting. This application must be signed.**

(Please Print) Phone # \_\_\_\_\_

Date \_\_\_\_\_

### Personal Data

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_

Have you ever been employed at Burks Beverage/Broadcasting? \_\_\_\_\_

When? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Are you employed now? \_\_\_\_\_ May we contact your present employer? \_\_\_\_\_

Are you a U.S. Citizen, or do you have the legal right to employment? \_\_\_ Yes \_\_\_ No

Would you wear necessary safety equipment and follow company safety rules as part of your job?

\_\_\_\_\_

On what date would you be available to start work? \_\_\_\_\_

Can you work overtime? \_\_\_\_\_

Are you a veteran of the U.S. Military Service? \_\_\_\_\_ Give type and date of discharge \_\_\_\_\_

Have you ever pled "guilty" of "no contest" to, or been convicted of a crime? \_\_\_\_ Yes  
 No \_\_\_\_ If yes, explain \_\_\_\_\_

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**Employment History**  
**Begin with Present or last Employer**

<p><b>FROM:</b> ____/____/____</p> <p><b>TO:</b> ____/____/____</p>	<p>Employer: _____ Phone # ____ - _____</p> <p>Job Title: _____ Supervisor: _____</p> <p>Salary-Start/End: _____ Work Performed: _____</p> <p>What did you like <b>most</b> about your job? _____</p> <p>What did you like <b>least</b> about your job? _____</p> <p>Reason for leaving? _____</p> <p>_____</p>
<p><b>FROM:</b> ____/____/____</p> <p><b>TO:</b> ____/____/____</p>	<p>Employer: _____ Phone # ____ - _____</p> <p>Job Title: _____ Supervisor: _____</p> <p>Salary-Start/End: _____ Work Performed: _____</p> <p>What did you like <b>most</b> about your job? _____</p> <p>What did you like <b>least</b> about your job? _____</p> <p>Reason for leaving? _____</p> <p>_____</p>
<p><b>FROM:</b> ____/____/____</p> <p><b>TO:</b> ____/____/____</p>	<p>Employer: _____ Phone # ____ - _____</p> <p>Job Title: _____ Supervisor: _____</p> <p>Salary-Start/End: _____ Work Performed: _____</p> <p>What did you like <b>most</b> about your job? _____</p> <p>What did you like <b>least</b> about your job? _____</p> <p>Reason for leaving? _____</p> <p>_____</p>
<p><b>FROM:</b> ____/____/____</p> <p><b>TO:</b> ____/____/____</p>	<p>Employer: _____ Phone # ____ - _____</p> <p>Job Title: _____ Supervisor: _____</p> <p>Salary-Start/End: _____ Work Performed: _____</p> <p>What did you like <b>most</b> about your job? _____</p> <p>What did you like <b>least</b> about your job? _____</p> <p>Reason for leaving? _____</p> <p>_____</p>

**Special Skills and Qualifications**

Summarize any skills or qualifications you have acquired from past employment or other experience \_\_\_\_\_  
\_\_\_\_\_

**Education**

High School and Location \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, give highest grade completed \_\_\_\_\_

Additional Education:

Date From and To \_\_\_\_\_ Degree or Diploma Received \_\_\_\_\_

**Driver Applicants Only**

Do you have a valid driver's license? \_\_\_\_\_

State \_\_\_\_\_

License Number \_\_\_\_\_

License Type \_\_\_\_\_

Expiration Date \_\_\_\_\_

**References**

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*The Fair Credit Reporting Act, Public Law 91-508, requires that we notify you as part of our employment procedure an inquiry may be made concerning your previous employment, credit record, and driver licenses record.

\*As a condition of employment, I hereby voluntarily give my consent to Burks Beverage/Broadcasting and its designated agents to perform a drug screen for controlled substances. Such testing will occur as a precondition to my being employed, and anytime during my employment with Burks Beverage/Broadcasting. I understand that refusal to submit to such testing may result in my termination.

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Signature

Date

**Applicant's Statement**

\*I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

\*I authorize you to contact all references and investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

\*This application for employment shall be considered active for a period of time not to exceed 3 months. Any applicant wishing to be considered for employment beyond this time must reapply and complete a new application.

\*The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employees in writing.

\*I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the employer's service, whenever it is discovered.

\*In the event of employment, I agree to read and familiarize myself with the rules and regulations of Burks Beverage/Broadcasting.

\*If I am hired, I understand that the employment relationship will be employment at will. This means that both I and Burks Beverage/Broadcasting can terminate the relationship at any time without cause or notice. The employment relationship is not based upon an expressed or implied contract for any specified duration of time. Burks Beverage/Broadcasting reserves the right to change methods or amounts of compensation and/or benefits as well as all other terms of conditions and employment. This employment at will relationship can only be altered by a writing executed by Burks Beverage/Broadcasting and myself.

**\*I certify that I have read, fully understand, and agree to the above terms and conditions.**

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Signature

Date

