

Burke, Bogart & Brownell, Inc. is an Equal Opportunity Employer. We do not use personal information in our hiring process and are dedicated to hiring the person who is best qualified for our jobs without any knowledge or consideration of any individual's membership in any protected class. All applications received by Burke, Bogart & Brownell, Inc. will only remain active for ninety days. If you wish to be considered for employment after this date, please visit our office to fill out a new application.

We are a Drug-Free Workplace

APPLICANT INFORMATION:

Full Legal Name: _____
 First Middle Last

Address: _____

Home Phone: _____ Mobile Phone: _____ Other Phone: _____

Social Security #: _____ E-Mail Address: _____

Are you legally eligible for employment in the United States? Yes No (proof will be required upon hire)

POSITION:

Position(s) for which you are applying: _____

Would you work Full-time Part-time? Specify days/hours if part-time: _____

Have you ever applied with Burke, Bogart & Brownell, Inc. before? No Yes – when? _____

Have you ever worked for Burke, Bogart & Brownell, Inc. before? No Yes – when? _____

If your application is considered favorably, on what date would you be available for work? _____

How did you find out about this job opportunity? _____

Are you willing to accept employment that requires you to travel? No Yes - what hours/days: _____

RECORD OF EDUCATION:

<u>School</u>	<u>Name & Address</u>	<u>Year last year completed</u>
High/GED	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
College	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Type of degree awarded? _____	
Graduate	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
	Type of degree awarded? _____	
Other	_____ Subject Matter _____	
	_____ Subject Matter _____	

LIST BELOW PRESENT AND PAST EMPLOYMENT:

Starting with the most recent experience, describe all paid, military and applicable volunteer experience. Highlight your knowledge; skills and abilities, which best demonstrate your qualifications for the position. Please explain any periods of unemployment. Use Supplementary Experience forms if needed.

Job Title: _____ **Employer:** _____
Address: _____ **Phone #:** _____
Type of business: _____ **Immediate Supervisor:** _____
Start Date: _____ **End Date:** _____ **Starting Salary:** \$ _____ **Ending Salary:** \$ _____
May we contact this employer? Yes No
Major Duties: _____

Equipment/software used: _____
Reason for leaving: _____
Your name, if different from present: _____

Job Title: _____ **Employer:** _____
Address: _____ **Phone #:** _____
Type of business: _____ **Immediate Supervisor:** _____
Start Date: _____ **End Date:** _____ **Starting Salary:** \$ _____ **Ending Salary:** \$ _____
May we contact this employer? Yes No
Major Duties: _____

Equipment/software used: _____
Reason for leaving: _____
Your name, if different from present: _____

Job Title: _____ **Employer:** _____
Address: _____ **Phone #:** _____
Type of business: _____ **Immediate Supervisor:** _____
Start Date: _____ **End Date:** _____ **Starting Salary:** \$ _____ **Ending Salary:** \$ _____
May we contact this employer? Yes No
Major Duties: _____

Equipment/software used: _____
Reason for leaving: _____
Your name, if different from present: _____

SKILLS, ABILITIES & PROFICIENCIES:

Check all programs with which you have experience. Also rate your proficiency from 1(low) to 5 (high).

- Access ___ AMS ___ Applied ___ Excel ___ Outlook ___ PowerPoint ___ Word ___
- Other (please list) _____
- Typing/computer entry: _____ words per minute
- Cold call sales lead development Cross selling existing customers Public speaking
- Form design and development Niche market development Other, describe below

Please list any other information concerning your skills, training or experience you wish us to know that more fully describes your qualifications for the position(s) for which you are applying:

MILITARY SERVICE RECORD:

Were you in the U.S. Armed Forces? No Yes – which branch? _____

Dates of Duty: From _____ to _____ Rank at time of discharge: _____

List duties in the service including special training: _____

LICENSES (professional/trade licenses or certifications):

<u>License Type, State, & Number or Professional Certification</u>	<u>Year Obtained</u>	<u>Licensed/ Certified by</u>	<u>Requirements to Obtain License/Certification</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any disciplinary actions against any license? No Yes – provide details: _____

Driver's License: # _____ State: _____ Expiration Date: _____

MISCELLANEOUS:

Have you ever been convicted of any violations(s) of the law, including moving traffic violations? No Yes

If yes, provide the following: (attach separate sheet if needed)

<u>Date of Charge</u>	<u>Description of Offense</u>	<u>Date of Conviction</u>	<u>County/City/State of Conviction</u>
_____	_____	_____	_____
_____	_____	_____	_____

REFERENCES (other than current employer):

Name and Occupation

Address

Phone Number

_____	_____	_____
_____	_____	_____
_____	_____	_____

Job Applicant's Agreement

I understand that Burke, Bogart & Brownell, Inc. requires certain information to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete, or misleading statements on this application may result in dismissal, if and when discovered. The offer of this application does not indicate there are any positions open and does not in any way obligate Burke, Bogart & Brownell, Inc..

In consideration of my potential employment, I agree to conform to the rules of Burke, Bogart & Brownell, Inc.. I understand that I have the right to terminate my employment at any time, with or without notice, with or without just cause, and that Burke, Bogart & Brownell, Inc. has a similar right. I understand that my employment by Burke, Bogart & Brownell, Inc. does not constitute a guarantee that any position will be continued for any length of time or that any job assignment or shift will be permanent.

I understand that Burke, Bogart & Brownell, Inc. will attempt to verify statements made on my application and made during my employment interview. I authorize Burke, Bogart & Brownell, Inc. to contact references and former employers and I authorize my previous employers as indicated, to verify the information given on this application and given during the interview process. I hereby release Burke, Bogart & Brownell, Inc. and all references from any liability that might be claimed because of information provided by such references. I also understand that this investigation may also include obtaining an investigative consumer report which would include information regarding my character, general reputation, personal characteristics and mode of living, but that if employment is denied because of information contained in that report, Burke, Bogart & Brownell, Inc. will supply the name and address of the consumer reporting agency responsible for the investigative report. Moreover, I will be given an opportunity to correct any misstatement contained in any such report.

I understand Burke, Bogart & Brownell, Inc. reserves the right to add, to change and/or delete their policies, procedures, work rules, and benefits at any time and that no one in Burke, Bogart & Brownell, Inc. has the authority to enter into any agreement, for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an officer of the company.

I understand Burke, Bogart & Brownell, Inc. is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, all finalists may be subjected to a drug test prior to being hired to assure Burke, Bogart & Brownell, Inc. the applicant does not currently have narcotics, sedatives, stimulants and/or controlled substances in his/her body. I understand if I have any such substances in my body at the time of the drug test, Burke, Bogart & Brownell, Inc. will not hire me.

I freely and voluntarily agree to urinalyses drug screen as part of my employment, and I understand that a refusal to test, a tampered with or an adulterated specimen or a positive confirmed drug test will disqualify me from employment. If Burke, Bogart & Brownell, Inc. employs me, I understand and agree to abide by Burke, Bogart & Brownell, Inc. Drug-Free Workplace Policy. I understand and agree to everything stated in this agreement.

Full Legal Name (please print)

Signature of Applicant

Date

Witness Signature

Date

SUPPLEMENTARY EXPERIENCE FORM

Job Title: _____ **Employer:** _____

Address: _____ **Phone #:** _____

Type of business: _____ **Immediate Supervisor:** _____

Start Date: _____ **End Date:** _____ **Starting Salary: \$** _____ **Ending Salary: \$** _____

May we contact this employer? Yes No

Major Duties: _____

Equipment/software used: _____

Reason for leaving: _____

Your name, if different from present: _____

Job Title: _____ **Employer:** _____

Address: _____ **Phone #:** _____

Type of business: _____ **Immediate Supervisor:** _____

Start Date: _____ **End Date:** _____ **Starting Salary: \$** _____ **Ending Salary: \$** _____

May we contact this employer? Yes No

Major Duties: _____

Equipment/software used: _____

Reason for leaving: _____

Your name, if different from present: _____

Job Title: _____ **Employer:** _____

Address: _____ **Phone #:** _____

Type of business: _____ **Immediate Supervisor:** _____

Start Date: _____ **End Date:** _____ **Starting Salary: \$** _____ **Ending Salary: \$** _____

May we contact this employer? Yes No

Major Duties: _____

Equipment/software used: _____

Reason for leaving: _____

Your name, if different from present: _____

Supplemental

BURKE, BOGART & BROWNELL, INC.

In consideration of my application for employment with Burke, Bogart & Brownell, Inc., I authorize Omnia, a Florida corporation, and specialist in background checks and employment profiles, acting on its own or as an agent of any other company or organization and their respective agents, to conduct and report research and share with each other, information about my background including, but not limited to, information about my prior employment, education, driving record, consumer credit history, criminal record, workers compensation claims and general public records history.

Further, I understand that an investigative consumer report may be requested from various Federal, State, Local and other agencies. I understand that such an investigative report may contain information about my background, mode of living, character and personal reputation; and that I am entitled to be advised of the nature and scope of the investigation requested within a reasonable time after I ask for this information in writing.

I also understand that the Omnia profile is not used as a hiring tool but can be used to determine how a potential employee and manager would interact; along with tips for the prospective manager based on that manager's personality. Omnia complies with Equal Employment Opportunity Commission and Americans with Disabilities Act guidelines. This report is the sole property of Burke, Bogart & Brownell, Inc. This information is **only** provided to the candidate upon offer of employment, due to its reference to employee names and personalities.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY PERSONS, AGENCY OR OTHER ENTITY CONTACTED BY OMNIA TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I understand that any investigative consumer report requested will be used strictly for employment purposes as defined under the Fair Credit Report Act §603(h), as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I understand that Omnia, in agreement with its Client, does not engage in the marketing or reselling of personal information. I release Burke, Bogart & Brownell, Inc., and Omnia, their respective offers, directors, employees and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the release of any such information or reports.

The information requested below is needed for the purpose of positive identification and to complete verification procedures.

Please print clearly

Names (Mr., Ms., Mrs.) (Suffix: Jr., Sr., III)		First	Middle	Last		
Social Security Number		Date of Birth		Other names used (maiden names, aliases)		
Drivers License Number				State Issued		
Present Address Date	Street	Apt #	City	County	State	Zip
Prior Address #1 Date	Street	Apt #	City	County	State	Zip
Prior Address #2 Date	Street	Apt #	City	County	State	Zip
Signature				Date		