



Application for Employment

Position Desired: _____

Full-Time Part-Time

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that BUCU is committed to providing equal opportunity in all employment practices, including, but not limited to selection, hiring, promotion, transfers, and compensation to all qualified applicants and associates without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by law. I understand that this employment application and any other Company documents are not promises of employment. I understand it is this Company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am hired, my employment and compensation is terminable at-will and is for no definite period. I further understand that I have the right to terminate my employment at any time with or without cause and/or with or without notice, and the Company has the same right. No one other than the CEO of the Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification must be in writing. Oral representations made before or after employment do not alter this agreement.

I understand that the Company reserves the right to require me to submit to a drug/alcohol test, prior to employment and at any time during my employment, to the extent permitted by law. I further understand that depending on my position, I may be required to sign a confidentiality or non-competition agreement.

I understand that the Company may investigate my driving record, my criminal record, my educational background and professional licenses to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I also release from liability the Company and its representatives for seeking, gathering, and using such information to make employment decisions.

I authorize former and present employers, professional references listed in this application, and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing the same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

The information given by me in this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, incomplete, misleading or unsatisfactory in any respect that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT. COMPLETE IN INK.

Signature of Applicant _____ Date _____

Each inquiry on this application must be fully answered or completed.

If offered the position when would you be able to start? _____

How were you referred to us? _____

PERSONAL DATA

Name _____
(Print) Last First Middle

Present Address _____ How long? _____
Street and Number City State Zip

Previous Address _____ How long? _____
Street and Number City State Zip

Telephone Number () _____ Are you 18 years of age or older? Yes No

PERSONAL DATA -- continued

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes No

Have you filed an application here before? Yes No If Yes, give dates _____

Have you ever worked for this Company before? Yes No

If Yes, give dates and position _____

Do you have any friends or relatives working here? Yes No If Yes, Name _____

Have you been convicted of a felony in the last seven years? Yes No

If Yes, please give dates and details of each _____

(NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment.)

In order to permit a check of your work and educational records, should we be made aware of any change in name or assumed name that you previously used? Yes No. If Yes, identify names and relevant dates.

Are you capable of satisfactorily performing, with reasonable accommodation, the essential job duties or the position for which you are applying? Yes No

Do you have the ability to work overtime, if required? Yes No

Do you have the ability to travel, if required? Yes No

EDUCATION & EXPERIENCE	High School				College / University					Graduate / Professional			
	School Name												
Years Completed: (Circle)	9	10	11	12	1	2	3	4	5	1	2	3	4
Diploma / Degree													
Describe Course of Study or Major													

Please describe any specialized training or experience, that you have which would be relevant to the job for which you are applying, including other areas of computer proficiency:

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm's name and supply business references.

Present or Last Employer	Employed	Pay	Your Title or Position	Major Job Duties
	Address	From (mo/yr)		
City, State, Zip	To (mo/yr)	Final \$	Name of Last Supervisor	Reason for Leaving
Telephone:				

Name of Previous Employer	Employed	Pay	Your Title or Position	Major Job Duties
	From (mo/yr)	Start \$		
Address	To (mo/yr)	Final \$	Name of Last Supervisor	Reason for Leaving
City, State, Zip				
Telephone:				

Name of Previous Employer	Employed	Pay	Your Title or Position	Major Job Duties
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Name of Previous Employer	Employed	Pay	Your Title or Position	Major Job Duties
	From (mo/yr)	Start \$		
Address	To (mo/yr)	Final \$	Name of Last Supervisor	Reason for Leaving
City, State, Zip				
Telephone:				

EMPLOYMENT HISTORY

Are you currently employed? Yes No

Are you on layoff? Yes No

Are you subject to recall? Yes No

Do you have any commitments to any other employer, which may affect your employment? Yes No

If Yes, please explain:

Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain circumstances:

Please explain any gaps in your employment history (If necessary, use additional paper and include your signature and date):

May we contact your current employer? Yes No If No, please explain:

PROFESSIONAL REFERENCES

Name	Occupation	Address (Street, City, State, and Zip)	Telephone Number	Years Known

NOTICE TO ALL APPLICANTS:

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

Aw2/29/00/newhire/applicaem