



EMPLOYMENT APPLICATION

560 NORTH WASHINGTON AVENUE
BRIDGEPORT, CONNECTICUT 06604
OFFICE: (203) 576-1800 WRHS: (203) 333-3653

PLEASE PRINT CLEARLY USE BALL POINT PEN AND PRESS DOWN

Last Name (comma) First Name (space) Middle Initial		SS#		For Company Use Only	
Street Address		Apartment #	Area Code	Telephone	
City		State	Zip Code		
FORMER ADDRESS		HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS?			
WHAT POSITION ARE YOU APPLYING FOR?		WAGE DESIRED	DATE AVAILABLE FOR WORK		
HAVE YOU WORKED FOR US BEFORE?		Where?	Position	ARE YOU OVER 18?	
ARE YOU EMPLOYED AT PRESENT?		ARE YOU CURRENTLY ON A LEAVE OF ABSENCE OR LAY OFF FROM ANY COMPANY?	ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?	HAVE YOU EVER BEEN DISCHARGED FROM YOUR WORK?	
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR BUSHWICK?			HOW DID YOU HEAR ABOUT US?		
HAVE YOU EVER SERVED IN THE MILITARY?					
LIST ALL HIGH SCHOOL, COLLEGE, UNIVERSITY OR TECHNICAL TRAINING		YEARS COMPLETED	DEGREE OR CERTIFICATE (In New Jersey only show highest grades completed)		

LIST BELOW YOUR MOST RECENT EMPLOYERS BEGINNING WITH THE CURRENT OR MOST RECENT ONE (LAST 10 YRS IS SUFFICIENT). YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.

Name	What kind of work did you do?			Starting Date	Month	Day	Year
Address	Tel. #	Name and Title of your Supervisor		Date of Leaving	Month	Day	Year
City	State	Zip	Why did you leave?	Pay at Leaving			
Name	What kind of work did you do?			Starting Date	Month	Day	Year
Address	Tel. #	Name and Title of your Supervisor		Date of Leaving	Month	Day	Year
City	State	Zip	Why did you leave?	Pay at Leaving			
Name	What kind of work did you do?			Starting Date	Month	Day	Year
Address	Tel. #	Name and Title of your Supervisor		Date of Leaving	Month	Day	Year
City	State	Zip	Why did you leave?	Pay at Leaving			
STATE REASON FOR ANY LENGTH OF INACTIVITY BETWEEN PRESENT APPLICATION DATE AND LAST EMPLOYER OR ANY EMPLOYMENT GAPS.							
CHECK THE WORK SKILLS YOU POSSESS:				DO YOU HAVE ANY OTHER EXPERIENCE OR TRAINING WHICH YOU FEEL MAKE YOU ESPECIALLY SUITED TO WORK FOR US?			
<input type="checkbox"/> PC <input type="checkbox"/> Software Applications <input type="checkbox"/> Saws <input type="checkbox"/> Mac <input type="checkbox"/> Fork Lift <input type="checkbox"/> Typing(WPM) <input type="checkbox"/> Other <input type="checkbox"/> Overhead Cranes				If so, please explain:			
SOME OF OUR CUSTOMERS DO NOT SPEAK ENGLISH. DO YOU SPEAK, WRITE, OR UNDERSTAND ANY OTHER LANGUAGES? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language(s)?							

IMPORTANT – PLEASE READ AND SIGN THE FOLLOWING:

Applicant hereby certifies that the answers to the foregoing questions are true and correct. I agree if the information is found to be false in any respect including omission of information, I will be subject to dismissal without notice at any time. The applicant understands employer is relying upon applicant's answers and the answers are made as an inducement to employer to hire applicant. I authorize you to investigate all information in this application. I hereby authorize my former employers to release information pertaining to my work record, habits and performance.

Should I become an employee of Bushwick, I understand that my employment will be for no definite term, such that I will enjoy the right to terminate my employment at any time, at my convenience, with or without cause or reason. I further understand that Bushwick will have the same right. This status can only be modified if such modification is in writing and signed by both me and the President of the Company. I hereby further acknowledge that I am expected to abide by all Company rules and regulations, written or unwritten, promulgated by the Company, or my supervisor, but that such rules and regulations do not create a contract between me and the Company or otherwise restrict the right of either me or the Company to terminate the employment relationship.

I understand that these rules and regulations may be subject to change at any time. I understand and agree any handbook which I may receive will not constitute, an employment contract, but will be a statement of the Company's current policies.

I understand that before any offer of employment is finalized, it will be required to submit to blood, urine and/or other medical testing for alcohol, drugs and controlled substances at a Company-selected medical facility at the Company's expense. If the test results demonstrate the presence of undisclosed prescribed or unauthorized drugs or controlled substances or an unacceptable level of alcohol, I understand that I will not be permitted to commence work for the Company, or I will be terminated. If I have already commenced work, I voluntarily consent for the designated medical facility to collect urine and blood samples from me and to test for the presence of alcohol, drugs and controlled substances. Further, the medical facility is authorized to release the results of the tests to Bushwick. The Company is authorized to communicate the test results internally as it deems appropriate. I may request a copy of this authorization.

Applicant's Signature	Date	Manager's Signature	Date
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