

ADDITIONAL DATA

POSITION APPLIED FOR:			
SCHEDULE DESIRED:	FULL TIME	PART TIME	RATE OF PAY DESIRED:
LIST ANY DAYS/HOURS YOU ARE UNABLE TO WORK:			
HOW DID YOU HEAR ABOUT THIS JOB?			
HAVE YOU WORKED HERE BEFORE?	YES	NO	IF YES, HOW LONG?
PREVIOUS POSITION:	REASON FOR LEAVING:		
LIST ANY FRIENDS OR RELATIVES WORKING WITH US NOW:			

PROFESSIONAL REFERENCES

NAME	ADDRESS	RELATIONSHIP	PHONE

HAVE YOU BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR	YES	NO
IF YES, WHAT CHARGES:		
DO YOU HAVE ANY PENDING CHARGES AGAINST YOU:	YES	NO IF YES, DEFINE:
ARE YOU A US. CITIZEN:	YES	NO
IF NO, TYPE OF VISA:	VISA#	AUTHORIZED BY:
EQUAL EMPLOYMENT OPPORTUNITY (EEO) (voluntary) - SEX: MALE FEMALE		
EEO (Voluntary): RACE: WHITE BLACK HISPANIC ASIAN/PACIFIC ISLANDER NATIVE AMERICAN OTHER: _____		

APPLICANT READ BOTH SECTIONS AND SIGN BELOW:

The information provided by me in this application for employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statement will be considered as cause for possible dismissal.

NOTIFICATION AND AUTHORIZATION OF DRUG TESTING

I understand that according to the BMP Policy, I am required to submit a chemical analysis of my blood/urine. I understand that this analysis will be conducted by qualified laboratory personnel for any of the following reasons: pre-screening employment, randomly, post accident, and upon reasonable suspicion. I consent freely and voluntarily to this request for blood/urine specimen. I hereby and herewith release BMP, the Facility, their employees, agents and contractors from any liability whatsoever arising from this request to furnish a blood/urine sample, the testing of the sample and decisions made concerning my employment based upon the results of the sample analysis. I consent to the Facility releasing the results of the examination and tests to BMP. I understand that if I decline to sign this Consent and thereby decline to have the blood/urine test, my employment with BMP may be jeopardized. I understand a documented chain of specimen custody exists to ensure the identity and integrity of my blood/urine sample throughout the collection and testing process. I understand that failing a specimen test would result in termination.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I hereby authorize BMP or its agents to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record and criminal records through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that me be requested.

APPLICANT SIGNATURE _____ DATE _____

BROWNSVILLE MARINE PRODUCTS, LLC
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ATTN: HUMAN RESOURCES