



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

PERSONAL INFORMATION						
Last Name	First Name	Middle Name	Application Date			
Present Address-No. and Street		City	State	Zip Code		
Social Security Number - - -		Home Phone () -	Alternate Phone () -			
Driver's License Number	Have you ever <input type="checkbox"/> Worked at Bering's Reasons for Leaving: _____			date: _____ Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are not a U.S. citizen, do you have the legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Visa: Number: _____ Expiration Date: _____			Are you a U.S. Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates _____			
Have you ever been convicted of a misdemeanor or felony? Are there any criminal charges pending against you or any warrants outstanding for your arrest for any reason?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either, please describe _____			
			<input type="checkbox"/> Yes <input type="checkbox"/> No _____			
POSITION DESIRED						
Position Applied for		Salary Desired _____ <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly		Date Available for Work		
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (# of hours desired: _____) <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal						
Hours of availability: Mon. - Tue. - Wed. - Thur. - Fri. - Sat. - Sun. -						
Are you able to meet the attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			What Prompted your application?			
Can you work overtime if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Advertisement Type: _____			
Can you travel if required by this position? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Walk In			
Do you have any commitments to another employer or organization that might affect your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Employee Referral Name: _____ <input type="checkbox"/> Other			
Do you have any relatives employed at this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name(s) _____						
EDUCATION AND TRAINING						
Please indicate the last level of education completed						
High School: 1 2 3 4 College or University: 1 2 3 4 Graduate School: 1 2 3 4						
Education	Name & Location	GPA	Did you graduate?	Major & Minor	Degree Earned	Date (mon./yr.)
GED						
High School						
College or University						
Graduate School						
Business or Vocational						
Special Skills: <input type="checkbox"/> Typing <input type="checkbox"/> Shorthand <input type="checkbox"/> Ten-Key <input type="checkbox"/> Word Processor WPM _____ WPM _____ <input type="checkbox"/> sight <input type="checkbox"/> touch specify: _____						
Office Equipment: _____ Technical Equipment: _____						
What are your plans for continuing your education?						

WORK HISTORY (Please start with the most recent employer first). Must be completed even if attaching a personal resume

Present or Most Recent Employer		Dates Employed (Month & Year) From _____ To _____	
Address		Reasons for Leaving	
Name of Supervisor	Telephone () - Ext.	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Known by other name	
Job Title and responsibilities		What did you like about this job?	
Hourly Pay or Salary \$		What did you dislike about this job?	
Past Employer		Dates Employed (Month & Year) From _____ To _____	
Address		Reasons for Leaving	
Name of Supervisor	Telephone () - Ext.	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Known by other name	
Job Title and responsibilities		What did you like about this job?	
Hourly Pay or Salary \$		What did you dislike about this job?	
Past Employer		Dates Employed (Month & Year) From _____ To _____	
Address		Reasons for Leaving	
Name of Supervisor	Telephone () - Ext.	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Known by other name	
Job Title and responsibilities		What did you like about this job?	
Hourly Pay or Salary \$		What did you dislike about this job?	

Professional References (Please list only persons we may contact at this time)

Name	Title	Professional Relationship	Phone Number & Extension
			() - Ext.
			() - Ext.
			() - Ext.

In the event of an emergency, Please notify:

Name: _____

Address: _____ Phone: _____ Relationship: _____

Employment Conditions – Read Carefully Before Signing

By my signature below, I certify that all information provided on this application is true and accurate. I understand that any false statements, misrepresentation, or omissions made on this application will be considered sufficient cause for Bering's to deny or terminate my employment upon discovery. I understand that employment with Bering's is 'at will' and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and Bering's may terminate or modify the employment relationship at any time with or without motive or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment to work overtime. If employed by Bering's, I will abide by its rules, regulations, policies and procedures.

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to work history, criminal records, licensure, certification, education and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability that may be incurred as a result of furnishing such information.

Finally, I freely and voluntarily agree to undergo drug testing as part of the application process, or at any time during my employment with Bering's. I understand that either refusal to submit to the test or failure of the test per Berings' policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant _____ Date _____

DO NOT WRITE - BELOW FOR COMPANY USE ONLY

Interviewed? <input type="checkbox"/> Yes Date: _____ Time: _____ <input type="checkbox"/> No	Acceptable for Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Store: _____	Dept.: _____
Interviewed By: _____ Title: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	Rate: _____