

BHE EMPLOYMENT APPLICATION

Employer: **Bob Harris Enterprises**
Address: **2316 230th ST Suite 202**
City/State/Zip: **Ames Iowa 50014**
Telephone: **515-292-9200**
Email: **Bobharrisent@gmail.com**

It is the policy of Bob Harris Enterprises to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

APPLICANT INFORMATION:		
Applicant Name:		
Address:		
City:	State	Zip:
Number of years at this address:		
Email Address:		
Daytime phone:	Evening phone:	
Date of Birth:		
Are you at least 18 years old? Yes No		

JOB POSITION APPLIED FOR:		
Salary/Wage Desired:		
Are you willing to work any shift, including nights and weekends? Yes No		
***If no, please state any limitations:		
If you are offered employment, when could you start?		
How will you get to work?		
Do you have a valid Driver's License?	From what state?	
Are you legally eligible for employment in the United States?	YES	NO
Have you ever been convicted of any crime, including traffic violations?	YES NO	
***If yes, please describe:		

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

APPLICANT SKILLS:

List any skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

Ability or Skill	Years of Experience	Rating
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5
		1 2 3 4 5

APPLICANT EMPLOYMENT HISTORY:

List your current or most recent employment first.

Employer Name:		
Address:		
City:	State:	Zip:
Job Duties:		
Reason for Leaving:		
Dates of Employment (Month/Year-Month/Year		

Employer Name:		
Address:		
City:	State:	Zip:
Job Duties:		
Reason for Leaving:		
Dates of Employment (Month/Year-Month/Year		

Employer Name:		
Address:		
City:	State:	Zip:
Job Duties:		
Reason for Leaving:		
Dates of Employment (Month/Year-Month/Year		

APPLICANT'S EDUCATION & TRAINING:

College Name and Address:	
Did you receive a degree?	YES NO
If yes, degree received	

CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences immediate termination.

I authorize Bob Harris Enterprises to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its CEO, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice.

Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Bob Harris Enterprises, except in a specific written contract of employment signed on behalf of the organization by its CEO, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

Please send completed resume to BHEFab@gmail.com or fax to 515-292-9328.