

BULLY TOOLS, INC. APPLICATION FOR EMPLOYMENT

NOTICE: Bully Tools will perform pre-employment, post-accident and random drug testing, as well as a pre-employment background check.

Our company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete, truthful and accurate manner as no action can be taken on this application until all questions have been answered.

DATE OF APPLICATION: _____ / _____ / _____

FILL OUT ALL PAGES, FRONT AND BACK.

PERSONAL

First Name: _____ MI: _____ Last Name: _____

Phone: (_____) _____ SSN#: _____ - _____ - _____ Are you over 18? Yes _____ No _____

Present Street Address: _____ City: _____ State: _____ Zip: _____

If you have used any alternate names, please list: _____

If you are a student, please list school and field of study: _____

Are you a citizen of the United States or do you have the legal right to be employed in the United States: Yes _____ No _____

Have you applied previously? Yes _____ No _____ Employed here previously? Yes _____ No _____ If Yes, dates: _____ / _____ to _____ / _____

Were you referred by a current employee? Yes _____ No _____ If Yes, list employee: _____

Do you have any relatives who currently work here? Yes _____ No _____ List if Yes: _____

Have you ever been convicted on **ANY** crime; including theft, drug charges, driving while impaired by drugs or alcohol, etc.? (This excludes MINOR traffic violations) Yes _____ No _____

If yes, complete the following: (Note: completing the following doesn't necessarily disqualify you from employment.)

Type of offense: _____ Month / Year: _____ / _____ County/State: _____ / _____

Type of offense: _____ Month / Year: _____ / _____ County/State: _____ / _____

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Do you have a valid (**if suspended or forfeited answer no**) driver's license: Yes _____ No _____ License Number: State: _____ #: _____

EDUCATION

High School: _____ City: _____ State: _____

Diploma: Yes ___ No ___ If yes, Graduation Year: _____ Course of Study: _____

Vocational School: _____ City: _____ State: _____

Diploma: Yes ___ No ___ If yes, Graduation Year: _____ Course of Study: _____

Trade School: _____ City: _____ State: _____

Diploma: Yes ___ No ___ If yes, Graduation Year: _____ Course of Study: _____

College School: _____ City: _____ State: _____

Diploma: Yes ___ No ___ If yes, Graduation Year: _____ Course of Study: _____

College School: _____ City: _____ State: _____

Diploma: Yes ___ No ___ If yes, Graduation Year: _____ Course of Study: _____

Are you planning to pursue further studies? Yes ___ No ___ If yes, what course of study: _____

List any honors, offices held, and activities involved in during your education: _____

How many days of school would you miss in a year? _____ ; or be late for in a year? _____

MILITARY SERVICE

Have you served in the military? Yes ___ No ___ Branch: _____ Final Rank: _____

Specialization: _____

Date Entered: Month ___ Year: ___ Date Separated: Month ___ Year: ___ Reason for Separation: _____

EMPLOYMENT DESIRED

Full Time: ___ Part Time: ___ Date available to start: _____ Salary Desired: \$ _____

Position Applied For: _____

Do you have the ability, with or without reasonable accommodations, to work overtime if deemed necessary? Yes ___ No ___

If No, please explain: _____

EMPLOYMENT HISTORY

List employers starting with most recent. **ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY AND PERIODS OF UNEMPLOYMENT.** If self-employed, give business name and type or work.

1. Employer Name/Company: _____ **City:** _____ **State:** _____

Dates Employed: (Month/Year) From: ____ / ____ **to:** ____ / ____ **Ending Wage: \$** _____ **/Hr. Job Title:** _____

Duties: _____ **Reason for leaving:** _____

Supervisor Name: _____

2. Employer Name/Company: _____ **City:** _____ **State:** _____

Dates Employed: (Month/Year) From: ____ / ____ **to:** ____ / ____ **Ending Wage: \$** _____ **/Hr. Job Title:** _____

Duties: _____ **Reason for leaving:** _____

Supervisor Name: _____

3. Employer Name/Company: _____ **City:** _____ **State:** _____

Dates Employed: (Month/Year) From: ____ / ____ **to:** ____ / ____ **Ending Wage: \$** _____ **/Hr. Job Title:** _____

Duties: _____ **Reason for leaving:** _____

Supervisor Name: _____

4. Employer Name/Company: _____ **City:** _____ **State:** _____

Dates Employed: (Month/Year) From: ____ / ____ **to:** ____ / ____ **Ending Wage: \$** _____ **/Hr. Job Title:** _____

Duties: _____ **Reason for leaving:** _____

Supervisor Name: _____

Are you currently employed? Yes ____ No ____ Are there days/hours you are unable to work? _____

May we contact your present employer? Yes ____ No ____ Have you ever been disciplined, fired from or asked to leave a job? Yes ____ No ____

If yes, please explain: _____

SPECIAL SKILLS

CAPABILITY/RELIABILITY

Would you be willing and able to perform all of the tasks required by the job you are applying for? Yes ____ No ____

If not, please explain: _____

Have you filed any type of fraudulent claim against any of your past or present employers? Yes ____ No ____

If yes, please explain: _____

Will you abide by the safety rules of this company? Yes ____ No ____

During previous or current employment have you ever been disciplined for violating company safety rules or regulations? Yes ____ No ____

If yes, please explain: _____

How many days of work have you missed in the last year? _____ Two years: _____

How many days of work have you been late for in the last year? _____ Two years: _____

Would you be willing/able to report for work every day on a regular and consistent basis? Yes ____ No ____

If not, please explain: _____

REFERENCES (not relatives or previous employers)

Name: _____ Phone: _____ Occupation: _____

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QUESTIONNAIRE

Have you ever been injured on the job that required you to miss work or required medical attention? Yes ____ No ____

If Yes, please explain: _____

Have you been treated in the last two years for back or other joint/muscular injuries? Yes ____ No ____

If Yes, please explain: _____

Do you have full range of motion for back and other joints? Yes ____ No ____

If No, please explain: _____

Are you able to lift up to 40 lbs.? Yes ____ No ____

If No, please explain: _____

Are you able to stand for long periods of time? Yes ____ No ____

If No, please explain: _____

Have you ever experienced numbness? Yes ____ No ____

If Yes, please explain: _____

Do you have any limitations of which we should be made aware? Yes ____ No ____

If Yes, please explain: _____

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I hereby authorize the company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements. I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for my immediate termination. I further understand that nobody in the company is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the expressed written consent of the President of the Company. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature: _____ Date: ____/____/____

COMPANY USE ONLY:

Interviewed by: _____ Remarks: _____

Is the operation of a company vehicle a job requirement? Yes ____ No ____ If yes, has a request for driver's record been made? Yes ____ No ____
