

# 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: \_\_\_\_\_

**Do you have a valid (if suspended or forfeited answer no) driver's license: Yes \_\_\_\_\_ No \_\_\_\_\_**

**License Number: State: \_\_\_\_\_ #: \_\_\_\_\_**

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: \_\_\_\_\_ / \_\_\_\_\_

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**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: \_\_\_\_\_

Will you be willing to move positions within the company that may better suit your abilities? 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 – PREVIOUS EMPLOYERS ARE PREFERRED)**

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? Can you bend at the waist, squat, and reach over your head? Yes \_\_\_\_ No \_\_\_\_

If No, please explain: \_\_\_\_\_

Do you suffer from arthritis in any joints? Yes \_\_\_\_ No \_\_\_\_

If Yes, please explain: \_\_\_\_\_

**QUESTIONNAIRE, CONTINUED**

Are you able to lift 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 any respiratory, allergy, or skin sensitivities/problems that would prohibit you from a working environment with dust, metal shavings, paint, industrial lubricants, industrial glue, packaging materials, latex, or fiberglass? Yes \_\_\_\_ No \_\_\_\_

If Yes, 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: \_\_\_\_\_

Are you currently being drug tested in an ongoing manner or required to attend court ordered meetings that may interfere with completing a normal eight-hour day/ 40 hours per week work schedule? 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 \_\_\_\_

\_\_\_\_\_

\_\_\_\_\_