



APPLICATION FOR EMPLOYMENT

Brown Equipment Company is an equal opportunity employer and does not discriminate against otherwise qualified applicants based on race, age, color, sexual orientation, gender identity, national origin, religion, disability, or veteran status.

PERSONAL INFORMATION

DATE _____

Applicant's Name (Last, First and Middle Initial)		Are You Over 18 Years of Age <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Address	City and State and Zip	Phone Number
Position Applying For		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temporary
Date You Can Start	Desired Salary	How Did You Hear About Us / Referred by?
Email Address		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be able to provide proof of your identity and employment eligibility if you are hired? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATIONAL BACKGROUND

High School / City & State	# of Yrs Completed	Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	Major / Subject Studied
College/Vocational / City & State	# of Yrs Completed	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned
College/Vocational / City & State	# of Yrs Completed	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree Earned
Other Training or Degrees / City & State	# of Yrs Completed	Course(s)	Degree or Certificate Earned

PROFESSIONAL LICENSE / MEMBERSHIP

Type of License & State (if applicable)	Issuing Organization / City & State	License #	License Exp Date

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SKILLS (check all that apply) ☐ MS Office Excel ☐ MS Office Word ☐ MS Office Outlook (Email Application)

☐ Customer Service ☐ Computers (General Use) ☐ Email Application

☐ Good Verbal/Written Communication ☐ General Mobile Device Skills (Android / IOS Application)

☐ Other _____

Have you viewed the job essential functions of the Job? ☐ Yes ☐ No

Are you able to perform the essential functions of this position with or without reasonable accommodation? ☐ Yes ☐ No

If you require a reasonable accommodation, please specify what accommodation _____

Have you ever been employed with BEC? ☐ Yes ☐ No

If yes, please indicate location, position and dates of employment

Location/Position: _____ Date: (MM/YY) from _____ to _____

WORK EXPERIENCE

Date (Mo/Yr)		Employer Name	Employer Address	Position	Ending Salary
From:					
To:					
Phone Number		Supervisor	Duties / Responsibilities		Reason for leaving
Dates of employment		Employer Name	Employer Address	Position	Ending Salary
Start:					
End:					
Phone Number		Supervisor	Duties / Responsibilities		Reason for leaving
Date of employment		Employer Name	Employer Address	Position	Ending Salary
Start:					
End:					
Phone Number		Supervisor	Duties / Responsibilities		Reason for leaving
Date of employment		Employer Name	Employer Address	Position	Ending Salary
Start:					
End:					
Phone Number		Supervisor	Duties / Responsibilities		Reason for leaving

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain:

DRUG FREE WORKPLACE

In order to preserve the safety, health and well-being of its staff, Brown Equipment Company is committed to a Drug Free workplace. The Company will utilize drug tests to prevent hiring or rehiring individuals who use illegal drugs and to prevent employing individuals whose use of drugs presents a risk or unsafe or unsatisfactory job performance.

APPLICANT'S STATEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and I authorize Brown Equipment Company to verify their accuracy and to obtain reference information on my work performance. I hereby release Brown Equipment Company from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ **Date:** _____

COMPANY USE ONLY:

Hired: ☐ Yes ☐ No

Start Date: _____

Printed Name of Supervisor/Manager

Signature

Date



United Companies will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph. If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).