



BAY WEST, INC.
5 Empire Drive
St. Paul, MN 55103-1897

APPLICATION FOR EMPLOYMENT

Bay West, Inc. considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Bay West complies with applicable state and local laws prohibiting discrimination in employment. Bay West also provides reasonable accommodations to qualified individuals with disabilities, in accordance with the Americans With Disabilities Act and applicable state and local laws. A copy of Bay West's Affirmative Action Program (AAP) is available for review upon request.

Position Applying For: _____

Date of Application _____

How did you learn about this position? MN Job Bank Careerbuilder.com Relative/Friend Bay West website Other _____

PERSONAL

Please Print

Name (Last, First, Middle)	<input type="checkbox"/> Home Phone ()	<input type="checkbox"/> Business Phone ()
	<input type="checkbox"/> Mobile Phone ()	<input type="checkbox"/> Email Address _____
<i>Please select the method in which you prefer to be contacted.</i>		

Address _____

Street _____

City _____ State _____ Zip Code _____

Are you under 18 years of age? Yes No If yes, please state your age: _____

Were you previously employed by us? Yes No If yes, when? _____

Type of work desired: Full Time Part Time Temporary

Are you authorized to work in the United States on an unrestricted basis? Yes No

**Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment.*

Who to Contact (name, relationship, phone) in case of emergency: _____

EDUCATION

Name of School and Location (City and State)	Course of Study	Number of years completed?	Did you graduate?	Diploma or degree received	Overall Grade Average
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical/Vocational School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any other of your professional studies, licenses/certification or technical/professional development which you feel we should consider when reviewing your application.

List your high school, post high school or college honors, distinctions or activities which you feel we should know about when considering your application.

* You may exclude any organizations or activities which indicate race, color, religion, sex, national origin, sexual orientation, or any other protected class status.

Please check the areas below where you have experience or training if they apply to the position for which you are applying:

Office Equipment/Software (To be completed only by applicants for office positions)

Do you have experience in working with any of the following:

- Spreadsheet Software (List type) _____
- Data Base Software (List type) _____
- Word Processing (List type) _____
- Accounting Software (List type) _____
- Switchboard/Telephone System _____
- Operating a FAX Machine _____
- Other _____
- Other _____

Plant Equipment

Do you have experience in working with:

- Plant Machinery
- Truck Driving
- Vacuum Trucks
- Heavy Equipment
- Marine Equipment
- Soil Monitoring Equipment
- Air Monitoring Equipment
- Ground Water Monitoring Equipment
- Skid Steer Loader
- Vehicle Servicing
- Other _____
- Other _____
- Other _____

PRIOR WORK HISTORY

Answer all questions fully. Give the name of your current or most recent employer first.

May we contact your current employer? Yes No Not presently

Current or Most Recent Employer

Name of Employer		Business Telephone No. ()	Starting Date	Last Date of Employment
City		State	Last Supervisor's Name and Title	
Starting Position	Starting Position Salary \$	Ending Position	Ending Position Salary \$	
Reason for Leaving				
Describe Position Duties				

Former Employer

Name of Employer		Business Telephone No. ()	Starting Date	Last Date of Employment
City		State	Last Supervisor's Name and Title	
Starting Position	Starting Position Salary \$	Ending Position	Ending Position Salary \$	
Reason for Leaving				
Describe Position Duties				

Former Employer

Name of Employer		Business Telephone No. ()	Starting Date	Last Date of Employment
City		State	Last Supervisor's Name and Title	
Starting Position	Starting Position Salary \$	Ending Position	Ending Position Salary \$	
Reason for Leaving				
Describe Position Duties				

Former Employer

Name of Employer		Business Telephone No. ()	Starting Date	Last Date of Employment
City		State	Last Supervisor's Name and Title	
Starting Position	Starting Position Salary \$	Ending Position	Ending Position Salary \$	
Reason for Leaving				
Describe Position Duties				

Please account for any gaps in your employment history that do not pertain to pregnancy, child care or disability.

References

Please use former supervisors or managers who are familiar with your work (past and present) responsibilities and performance.

Name	Type of Acquaintance	Home Telephone No. ()	Business Telephone ()
Current Address (City, State)		Employer	Position
Name	Type of Acquaintance	Home Telephone No. ()	Business Telephone ()
Current Address (City, State)		Employer	Position
Name	Type of Acquaintance	Home Telephone No. ()	Business Telephone ()
Current Address (City, State)		Employer	Position

Driving and Criminal Records

Driving record will be considered only when driving for Company Business is a job requirement

Current Driver's License No.	State	Has your driver's license ever been suspended or revoked? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No Do You have a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Previous License No.	State	Have you had any moving violations within the past 5 years? If yes, explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
*Have you ever been convicted of a crime <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details below (you may exclude minor traffic violations.)		
Date of Conviction	Court Location	Nature of Conviction

**A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.*

Pre-employment Statement

(Please read carefully and sign the statement below.)

I understand and agree that:

The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application or any other materials or during any interviews can be justification of refusal of employment, or, if employed, termination from Bay West's employ.

Any offer of employment I may receive from Bay West is contingent upon my successful completion of the company's total pre-employment screening process, including my satisfactory completion of any post-offer pre-employment medical examination that the company may require. I hereby consent to having the results of any post-offer pre-employment medical exams I may be required to take disclosed to Bay West.

I understand that as a condition of employment, I may be required to undergo and successfully pass a drug test. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug test at any time at the discretion of Bay West if it believes it is warranted. I hereby consent to having the results of any such drug test I may be required to undergo disclosed to Bay West.

In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer investigative report (including a report from the Bureau of Criminal Apprehension) for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, and criminal record. I understand that upon written request to the company, I will be informed whether a consumer investigative report was requested and given the name of the agency providing the investigation.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the company. I understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President of the company, has any authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement different from or contrary to the foregoing. I understand that any agreement made with an officer of the company regarding employment for a specified period of time or for conditions modifying my right or the company's right to terminate my employment with or without cause or notice, at any time, is not valid and shall not be enforceable unless it is in writing and signed by an officer of the company and by myself.

This authorization is valid for one year from this date and any inquiries made after that date will require a new signed release.

No Yes I would like a copy of any written background report regarding me.

Signature

Date

BAY WEST, INC. * * *
800-279-0456

Five Empire Drive
St. Paul, MN 55103-1867
651-291-0456
FAX: 651/291-0099



EEO SURVEY FORM

The following information is requested to assist Bay West Inc. in its commitment to Equal Employment Opportunity and Affirmative Action. It is unlawful for an employer to fail or refuse to hire any individuals or deprive any individual of employment opportunities because of race, color, religion, sex, national origin, age, marital status or disability. **COMPLETION OF THIS FORM IS STRICTLY VOLUNTARY, FOR STATISTICAL PURPOSES ONLY AND WILL NOT BE USED IN THE SELECTION PROCESS.**

Date: (Please print)

Name (Last)	First	Middle

COMPLETE THE REST OF THE FORM BY CHECKING THE APPROPRIATE BOX

Sex	Do you consider yourself to be disabled?	Are you a special disabled veteran?	Are you a Vietnam era veteran?
<input type="checkbox"/> Male <input type="checkbox"/> Female	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other eligible veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reservist? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Ethnicity:

<input type="checkbox"/> Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race

OR

Race:

<input type="checkbox"/> Black or African American (Not Hispanic or Latino) – A person having origins in any of the Black racial groups of Africa <input type="checkbox"/> Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam <input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands <input type="checkbox"/> White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races
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