



# EMPLOYMENT APPLICATION

Honest • Experienced • Trustworthy

Your Name: \_\_\_\_\_  
Last First Middle

Other names by which you've been known: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

**Please provide information regarding your residencies for the past seven years:**

*If additional space is required, please provide information as an attachment to this application.*

Current Address: \_\_\_\_\_ Since: \_\_\_\_\_

City State Zip

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City State Zip

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City State Zip

Have you ever worked for Blue Mountain, LLC ("BMP") or any other company subsidiary?  YES  NO  
If "Yes," Dates of Employment? From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Salary Expectations: \_\_\_\_\_

How did you hear about the job? \_\_\_\_\_

Name(s) of friends or relatives who work for BMP? \_\_\_\_\_  
Relationship? \_\_\_\_\_

**Check if applicable:**

- Are you available for:  Full-time ?  Part-time ?  Temporary or Seasonal ?
- Are you willing to work:  Nights ?  Weekends ?  Holidays ?  Overtime ?
- Are you available to:  Relocate ?  Travel ?

**OFFICE USE ONLY:**  
 Date Received: \_\_\_\_\_ Location: \_\_\_\_\_  
 Interviewed:  YES  NO Date: \_\_\_\_\_  
 Hired?  YES  NO Date: \_\_\_\_\_



**PLEASE PRINT**  
 It is important that you answer all questions.  
 Incomplete applications may be disqualified.

**Employment Eligibility:**

**Do you have the legal right to work in the United States?**       YES       NO  
*If you are hired to work for BMP, you will be required to present documentation within 3 working days, which verifies your eligibility to work in the United States.*

**Check if you are:**       Over 18       Under 18  
*If you are hired to work for BMP, you will be required to present proof of your eligibility to work.*

**Have you ever been convicted of a felony?**       YES       NO

**Have you ever been convicted of a misdemeanor?**       YES       NO

*(Misdemeanor category includes driving infractions, i.e. speeding, reckless driving, DUI, etc.)  
 A "yes" answer will not necessarily bar you from further consideration. If the answer to either of the above questions is "yes," please explain:*

**Are you currently restricted by a non-compete agreement?**       YES       NO  
**Name of Company:** \_\_\_\_\_ **Release Date:** \_\_\_\_\_

**Education and Training:** You may be asked to provide transcripts verifying this information

Last High School	City and State/Country	Did you graduate?	Do you have a High School Equivalency Certificate (GED)?
		<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Colleges or Universities	City and State/Country	Major	Degree(s)/Date Awarded or Total Credits Earned
Other Courses/Training (Specify)	Institution City/State/Country	Course Length	Completion Date

**Licenses or certificates held relating to the position for which you are applying:**

**Computer, hardware/software in which you are skilled:**

**Foreign languages you can speak, read, and/or write and your degree of proficiency:**

**Specialized skills, additional achievements and/or professional, trade, business, or civic activities and offices held relating to the position for which you are applying:**

**Have you ever served in the U.S. Military?**     YES    NO    *If "yes," complete the following:*  
**Branch of Service:** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
**Occupation/Specialty:** \_\_\_\_\_ **Rank at discharge:** \_\_\_\_\_  
**Are you a member of the U.S. National Guard?**     YES     NO

**Do you hold a valid driver's license?**     YES     NO  
**Driver's license number:** \_\_\_\_\_ **State issued:** \_\_\_\_\_  
**Any restrictions?**     YES     NO *If "yes," indicate restriction:* \_\_\_\_\_  
**Has your driver's license been revoked or suspended in the past 5 years?**     YES     NO

**PLEASE NOTE:**

*A resume may accompany your application, but may not be substituted for a completed BMP application.*



**Employment History:** List present or most recent position first

By What Name Were You Known?

Dates of Employment (month/year) From: _____ To: _____	Your job title:	Earnings: \$ _____ Per _____
Name of Firm or Organization:	Address:	Phone:
Type of Business:	Name & Title of Immediate Supervisor:	Reason for Leaving:
Number of Employees You Supervised:	Title(s) of Jobs of Those You Supervised:	

May we contact this employer about your qualifications?       YES    NO

Describe Your Duties:

By What Name Were You Known?

Dates of Employment (month/year) From: _____ To: _____	Your job title:	Earnings: \$ _____ Per _____
Name of Firm or Organization:	Address:	Phone:
Type of Business:	Name & Title of Immediate Supervisor:	Reason for Leaving:
Number of Employees You Supervised:	Title(s) of Jobs of Those You Supervised:	

May we contact this employer about your qualifications?       YES    NO

Describe Your Duties:

By What Name Were You Known?

Dates of Employment (month/year) From: _____ To: _____	Your job title:	Earnings: \$ _____ Per _____
Name of Firm or Organization:	Address:	Phone:
Type of Business:	Name & Title of Immediate Supervisor:	Reason for Leaving:
Number of Employees You Supervised:		

May we contact this employer about your qualifications?       YES    NO

Describe Your Duties:

Employment History continued on back page.



**BMP is an Equal Opportunity Employer.  
Applicants with disabilities, as defined by the Americans with Disabilities Act,  
May request reasonable accommodation for any part of the application process.**

**Employment History continued -- If additional space is required to record employment history, attach a separate sheet to the application and check here**

By What Name Were You Known?

Dates of Employment (month/year) From: _____ To: _____	Your job title:	Earnings: \$ _____ Per _____
---	-----------------	---------------------------------

Name of Firm or Organization:	Address:	Phone:
-------------------------------	----------	--------

Type of Business:	Name & Title of Immediate Supervisor:	Reason for Leaving:
-------------------	---------------------------------------	---------------------

Number of Employees You Supervised:	Title(s) of Jobs of Those You Supervised:
-------------------------------------	---

May we contact this employer about your qualifications?  YES  NO

Describe Your Duties:

**Professional References:** Do not list relatives or previous employers

Name	Address	Occupation	Phone Number

**ACKNOWLEDGMENTS:**

*I agree and acknowledge that, unless otherwise defined by applicable law, any employment relationships with BMP is of an "at will" nature, which means that the employment may be terminated at any time, with or without cause or reason, by the company or me. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of BMP.*

*I hereby release persons, schools, my current employer (if applicable) and previous employers and organizations to provide any relevant information that may be required to arrive at an employment decision. I hereby release BMP and all persons, firms, agencies, or schools from any damages resulting from furnishing such information.*

*I understand that successful completion of a pre-employment test for alcohol, drugs and controlled substances is required prior to employment. Prior to testing, I agree to sign BMP authorization forms wherein I agree to submit to such testing and to authorize the release of the results to BMP. I understand the test will be conducted at the Company's expense and by a health care provider selected by BMP.*

*I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign your full name, including your middle name