BARNEY & DICKENSON, INC. BOB MURPHY INC. APPLICATION FOR EMPLOYMENT OFFICE/SALES

We are an **Equal Opportunity Employer.** We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

PERSONAL INFOR	MATION		
NAME			
STREET	CITY	STATE	ZIP
PHONE	EMAIL		
BELOW:	ADDRESS LESS THAN 3 YEARS,		
2			
EMPLOYMENT STA	ATUS		
ARE YOU EMPLOY!	ED NOW? YES NO		
MAY WE CONTACT	YOUR PRESENT EMPLOYER F	OR A REFERENCE?	YES NO
AVAILABLE START	ING DATE	SALARY DESIRED	?
REFERRED BY			
HAVE YOU APPLIEI	D AT THIS COMPANY BEFORE	? IF SC	D,WHEN?
EDUCATION	NAME & LOCATION OF SCHOOL	GRADUATED?	SUBJECTS STUDIED
GRAMMAR		YES NO	
HIGH SCHOOL		YES NO	
COLLEGE OR TRADE SCHOOL		YES NO	

PHYSICAL RECORD

ARE YOU ABLE TO PERFORM THE JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMMODATION? YES NO

FORMER EMPLOYERS (STARTING WITH THE LAST EMPLOYER FIRST FOR THE PAST 15 YEARS) 1. NAME_____PHONE____ ADDRESS ______DATES WORKED _____TO___ POSITION REASON FOR LEAVING? 2.NAME PHONE ADDRESS ______DATES WORKED ____TO___ POSITION______REASON FOR LEAVING? 3. NAME _____PHONE___ ADDRESS ______DATES WORKED _____TO ____ POSITION REASON FOR LEAVING? **REFERENCES** – PLEASE LIST THREE INCLUDING ADDRESS AND PHONE NUMBERS COMPUTER AND SOFTWARE EXPERIENCE IF APPLICABLE ANY SALES EXPERIENCE

IF HIRED BACKGROUD CHECKS ARE REQUIRED
PLEASE READ CAREFULLY AND SIGN BELOW

I HEREBY CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION FOR EMPLOYMENT FORM IS
ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY MISREPRESENTATION OR
OMISSION OF FACTS WILL DISQUALIFY ME FROM FURTHER CONSIDERATION OF EMPLOYMENT, WITHDRAWAL OF ANY
OFFER OF EMPLOYMENT, OR TERMINATION OF EMPLOYMENT, IF HIRED.

I AUTHORIZE VERIFICATION OF ALL OF THE INFORMATION I HAVE PROVIDED ON THIS *APPLICATION FOR EMPLOYMENT FORM* AS WELL AS ANY ADDITIONAL INFORMATION NEEDED TO CONSIDER MY APPLICATION FOR EMPLOYMENT. I AUTHORIZE ALL PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS, REERENCES, AND OTHER PERSONS WHO HAVE KNOWLEDGE OF ME OR MY RECORDS TO PROVIDE ANY AND ALL INFORMATION PERTINENT TO MY EMPLOYMENT AND RELEASE THE SAME FROM ANY LIABILITY RESULTING FROM PROVIDIND SUCH INFORMATION. I ALSO RELEASE THIS ORGANIZATION AND ALL OF ITS EMPLOYEES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM RELIANCE ON THE INFORMATION FURNISHED.

IF EMPLOYED, I AGREE TO ABIDE BY ALL POLICIES, PROCEDURES, RULES, AND REGULATIONS OF THE ORGANIZATION. I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED BY MYSELF OR THE COMPANY AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE. I FURTHER UNDERSTAND THAT THE POLICIES, PROCEDURES, RULES, AND BENEFITS CONTAINED IN THE EMPLOYEE HANDBOOK, BENEFIT PLANS, AND OTHER WRITTEN DOCUMENTS SHOULD NOT BE CONSIDERED AN EMPLOYMENT CONTRACT FOR ANY PERIOD OF TIME.

DATE	SIGNATURE	
	This application is valid for 30 days from date of submission.	January 1, 2020