

# Bernard Personnel Consultants

BP STAFFING, INC. T/A

ALL AREAS OF THE APPLICATION MUST BE FILLED IN

(Even with a resume, we need employment history completed)

COMPLETING THE FORM I9

YOU MUST PROVIDE EITHER YOUR  
DRIVERS LICENSE OR STATE ISSUED ID

AND

YOUR SOCIAL SECURITY CARD OR BIRTH CERTIFICATE

OR

PASSPORT OR PERMANENT RESIDENT / ALIEN CARD

The Immigration Reform and Control Act of 1986 and the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 require that all employers obtain documentation of an individual's eligibility for employment in the United States. Documentation acceptable by the Immigration and Naturalization Service (FORM I9) are listed on the attached sheet. To insure compliance with the Acts, please provide us with original copies of your documentation.

Without proper documentation we will not be able to put you to work.

# BP Staffing, Inc.

PLEASE PRINT & WHEN COMPLETED  
GIVE TO RECEPTIONIST

Consultant _____ I-9 _____
-------------------------------

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Initial

Address: \_\_\_\_\_  
No Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License or ID# \_\_\_\_\_ CDL-A \_\_\_\_\_ CDL-B \_\_\_\_\_

Method of transportation: Car \_\_\_\_\_ Bus: \_\_\_\_\_ Position Desired: \_\_\_\_\_ Location Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Least Acceptable Salary: \_\_\_\_\_ Are you interested in Temp Assignments while pursuing Permanent work? \_\_\_\_\_

Have you been convicted of a crime, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you Authorized to Work in U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Do you have any physical, mental or medical impairments or disability that would limit your job performance?  Yes  No

Explain: \_\_\_\_\_

Have you ever had major surgery or have you ever suffered a Worker's compensation injury which would interfere with your ability to perform the position for which you are applying?  Yes  No

Explain: \_\_\_\_\_

EDUCATION					
	Name & Location of School	Years Attended	Degree or Major	Date Completed	Reason Not Completed
High School					
College					

**COMPLETE EMPLOYMENT HISTORY ON BACK**

**EMPLOYMENT HISTORY**  
**PLEASE FILL OUT THE WORK HISTORY FOR THE PAST SEVEN (7) YEARS.**

Date From/To	Company Name & Address	Type of Business	Job Title & Major Responsibilities	Supervisor & Phone #	Reason Left

I affirm that the facts set forth in my application are true and complete and that any false statements are grounds for dismissal if I am offered employment. I give permission for BP Staffing to verify my employment references. I understand that if I am offered temporary employment, I will be working for BP Staffing on its payroll at its clients' offices. The only deductions from my salary will be those required by law to be deducted by employers. I agree to notify BP Staffing either by mail or telephone within 48 hours of termination of each job assignment. If I fail to give such notice, BP Staffing may assume that I am not available for employment.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**BP STAFFING, INC DOES NOT DISCRIMINATE BECAUSE OF SEX, AGE, HANDICAP, RACE, CREED AND NATIONAL ORIGIN.**



# BERNARD PERSONNEL CONSULTANTS

## EMPLOYMENT/CRIMINAL AND CREDIT BACKGROUND INFORMATION CHECK

NAME: \_\_\_\_\_

BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAVE YOU BEEN KNOWN BY ANY OTHER NAME: \_\_\_\_\_

(For example: your birth name before a marriage)

I AFFIRM THAT THE FACTS ON THIS FORM ARE TRUE AND COMPLETE AND ANY FALSE STATEMENTS ARE GROUNDS FOR DISMISSAL. IF OFFERED EMPLOYMENT, I GIVE PERMISSION FOR BERNARD PERSONNEL TO VERIFY MY EMPLOYMENT, CRIMINAL AND CREDIT BACKGROUND.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

## USE OF PERSONAL ELECTRONIC DEVICES ON THE JOB

USE OF PERSONAL COMMUNICATION DEVICES; SUCH AS CELL PHONES, SMART PHONES AND TABLETS, WHILE ON ASSIGNMENT AT A CUSTOMER SITE CAN BE GROUNDS FOR TERMINATION DUE TO SAFETY REASONS. THE EXCEPTION TO THIS IS IF YOU ARE ON BREAK TIME OR LUNCH TIME.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Bernard Personnel Consultants

I authorize Bernard to electronically deposit my net pay from M & T Bank to my bank as follows:

Your Banks Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_ (select one)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

My signature is my authorization

Your direct deposit advice is emailed to you and the money is in your account on Wednesday mornings.

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

## Employee's Withholding Allowance Certificate

► Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ►					
8 Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date ►	
				9 First date of employment	
				10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Home phone number: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Counselor's Name: \_\_\_\_\_

(Barney, Richard or Jim)

