

# 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? \_\_\_\_\_

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

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

