

Banterra

Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status. We are an Affirmative Action, Equal Opportunity Employer.

(PLEASE PRINT)

Position(s) Applied For: _____	Date of Application: _____		
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement-Internet	<input type="checkbox"/> Advertisement-Newspaper	<input type="checkbox"/> Relative/Friend	<input type="checkbox"/> School
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Current Employee	Other _____	

Last Name	First Name	Middle Name		
Address Number	Street	City	State	Zip Code
Home Telephone	Cellular Phone	Social Security Number		

Best time to contact you: _____ AM PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your relatives or friends work here? Yes No
If Yes, who? _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever been employed or attended school under a different name? Yes No
If Yes, name(s) _____

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? (Proof of citizenship or immigration status will be required upon employment) Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No
If Yes, please explain: _____

Can you travel if the job requires it? Yes No

Are you available to work: Full Time Part Time Temporary

Date available for work: _____ Desired hourly/salary amount: \$ _____

Education:

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Check or list applicable skills:

<input type="checkbox"/> Typewriter <input type="checkbox"/> PC <input type="checkbox"/> Microsoft Windows <input type="checkbox"/> Microsoft Office Other: _____
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Describe any other specialized training, apprenticeships, skills, extra-curricular activities or any job related training received in the military:

List professional, trade, business or civic activities and offices held. You may exclude membership that would reveal gender, race, religion, national origin, age, disability or other protected status:

Employment and Experience Activities:

Start with your present or last job. Include any job-related service assignments and volunteer activities. You may exclude organizations that may indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed mm/yyyy		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor	\$	\$	
Reason for Leaving				
Employer		Dates Employed mm/yyyy		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor	\$	\$	
Reason for Leaving				
Employer		Dates Employed mm/yyyy		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor	\$	\$	
Reason for Leaving				
Employer		Dates Employed mm/yyyy		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor	\$	\$	
Reason for Leaving				
Employer		Dates Employed mm/yyyy		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor	\$	\$	
Reason for Leaving				

References:

1.	_____ (____) _____ Name Phone
	_____ Address
	_____ (____) _____ Name Phone
2.	_____ (____) _____ Name Phone
	_____ Address
	_____ (____) _____ Name Phone
3.	_____ (____) _____ Name Phone
	_____ Address

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Routed to: _____ Location: _____ Date: _____

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Routed to: _____ Location: _____ Date: _____

Position interviewed for: _____ Date: _____

Dept/Resp Ctr: _____ Interviewer: _____

Remarks: _____

Date of Offer: _____ Date Offer Accepted: _____

Date of Hire: _____ Dept/Resp Ctr: _____

Title: _____ Supervisor: _____ Pay: _____

Employee I.D. # _____

PLEASE READ CAREFULLY BEFORE SIGNING

APPLICANT CERTIFICATION, AGREEMENT AND RELEASE

I understand and agree that if I am offered conditional employment with Banterra Corp (Herein after referred to as Company), my employment is "at will" and may be terminated at any time by either party without previous notice or cause and is subject to change in wages, conditions, benefits and operating policies. In the event of employment, I understand false or misleading information given in my application or interview(s) may result in discharge. I understand that no supervisor or other representative of the Company, except the CEO or designee, has the authority to enter into any agreement for employment for any specified period of time. If such an agreement is entered into, that agreement shall be in writing.

I understand that the Company may make a thorough investigation of my character, reputation, and past employment as a pre-condition of employment, and that, further, the Company may also inquire of my driving, criminal, financial and credit records. Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, employment or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation and mode of living. I authorize the giving and receiving of any such information requested by the Company. I hereby relieve and release all former employers and their agents, and licensing authorities and their agents, of any liability for any information they may give the Company. I hereby waive any and all rights or claims I may have against the Company, its agents or employees, arising out of, or resulting from the release of the information received pursuant to or in connection with the Company's handling, processing, or investigation of my application with the Company.

Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is considered to be a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records and employment records. If an adverse employment decision is made due, in whole or in part, to information received as a result of these inquiries, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

I understand and agree that in the performance of my duties as an employee of the Company, or after I leave the Company, that I must hold in confidence any and all information that I come in contact with regarding the Company, its business or customers.

Printed Name: _____ Social Security #: _____

Applicant Address: _____ Date of Birth*: _____

_____ Gender*: Male Female

Race/Ethnic Group*: White Black/African American
 Hispanic/Latino American Indian/Native Alaskan
 Asian Native Hawaiian/Pacific Islander
 Two or More Races

Drivers License #: _____ State of Issue: _____ Expiration Date: _____

I have read and agree to this "Applicant Certification, Agreement and Release".

Applicant Signature: _____ **Date:** _____

* EEO statement: Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability. Providing this information assists us in complying with equal opportunity/affirmative action record keeping and reporting requirements. For Equal Employment Opportunity purposes, providing this information is voluntary and refusal to provide the information will not result in any adverse treatment. However, without this information, we may be unable to distinguish you from another individual in the event we discover adverse information during our background investigation. This information form will be kept in a separate, confidential file and will be used only for safety and government reporting purposes.

**Pre-Employment Information Form
For Individuals with Disabilities, Disabled Veterans,
Vietnam Era Veterans & Other Protected Veterans**

Name: _____

Date: _____

Position Applied for: _____

N/A

	Yes	No
Disabled ?	<input type="checkbox"/>	<input type="checkbox"/>

Disabled Veteran ?	<input type="checkbox"/>	<input type="checkbox"/>
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Vietnam Era Veteran ?	<input type="checkbox"/>	<input type="checkbox"/>
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Other Protected Veteran ?	<input type="checkbox"/>	<input type="checkbox"/>
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A person is *disabled* if he or she has physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such an impairment. *Disabled Veteran* means a veteran who is entitled to compensation under laws administered by the Veterans Administration for disability rated at 30 percent or more, or a person who was discharged or released from active duty for more than 180 days, any part of which occurring between August 5, 1964 and May 7, 1975, and was not discharged or released dishonorably or was discharged or released for a service connected disability. *Other Protected Veteran* means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

This employer is a government contractor subject to section 503 of the Rehabilitation Act of 1973, as amended, and section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified individuals with disabilities, disabled veterans, veterans of the Vietnam era and other protected veterans. If you have a disability or are a covered veteran and would like to be considered under the affirmative action program, please fill out this form.

You may inform us of your desire to benefit under the program at this time and/or at any time in the future. This information may assist us in placing you in the appropriate position and in making any necessary reasonable accommodation.

It is the policy at Banterra to provide equal employment and advancement opportunities to all qualified individuals. To achieve this goal, Banterra is dedicated to taking affirmative action to employ and advance in employment, qualified disabled persons, disabled veterans, veterans of the Vietnam era and other protected veterans. All personnel actions, including recruitment, hiring, training and promoting persons in all job titles, will be administered without regard to disability or veteran status, and all employment decisions are based solely on valid job requirements.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Information you submit about your disability or veteran status will be kept confidential, except that (1) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (3) government officials engaged in forcing discrimination laws may be informed. The information provided will not be used in a matter inconsistent with section 503 of the Rehabilitation Act of 1973 and section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974.

If you are an individual with a disability, a disabled veteran, a Vietnam era veteran or other protected veteran, we would like to include you in our affirmative action program. It would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you might be considered for any available positions of that kind.