

**BMJ ENGINEERS & SURVEYORS, INC.
APPLICATION FOR EMPLOYMENT**

PERSONAL

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Last Name	First Name	Middle	Date

Street Address	Home Phone
	() -

City, State, Zip	E-mail Address

Have you ever applied for employment with us? If Yes: Month and Year	Social Security No.

Position Desired	Pay Desired

Apart from absence for religious observance, are you available for full time work? If not, what days/hours are you available to work?	Will you work overtime, if requested?

Are you legally eligible for employment in the United States?	When will you be available to begin work?

Special training or skills (languages, computer/software, etc.):

How did you learn of our organization?

EDUCATION

	NAME AND LOCATION OF SCHOOL	DATES (YR) ATTENDED		COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA OBTAINED
		FROM	TO			
HIGH SCHOOL						
COLLEGE						
GRADUATE SCHOOL						
OTHER						

EMPLOYMENT HISTORY

Please give accurate, complete full time and part time employment records. Start with your most recent employer.

1. Company Name	Telephone
Address	Employed (Month and Year)

Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	From:	To:
State Job Title and Describe Your Work			Weekly Pay	
			Start:	Last:
			Reason for leaving:	

2. Company Name		Telephone		
Address		Employed (Month and Year)		
		From:		To:
Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly Pay	
State Job Title and Describe Your Work			Start:	Last:
			Reason for leaving:	

3. Company Name		Telephone		
Address		Employed (Month and Year)		
		From:		To:
Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly Pay	
State Job Title and Describe Your Work			Start:	Last:
			Reason for leaving:	

4. Company Name		Telephone		
Address		Employed (Month and Year)		
		From:		To:
Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly Pay	
State Job Title and Describe Your Work			Start:	Last:
			Reason for leaving:	

5. Company Name		Telephone		
Address		Employed (Month and Year)		
		From:		To:
Name of Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly Pay	
State Job Title and Describe Your Work			Start:	Last:
			Reason for leaving:	

MILITARY

COMPLETE THIS SECTION IF YOU SERVED IN THE U. S. ARMED FORCES

Describe your duties and any special training:	Branch of Service:
	Period of Active Duty (month & Year)
	From:
	To:
	Rank at Discharge:
	Date of Final Discharge:

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose your race, color, religion or national origin)

[Redacted]

Are you a U. S. Citizen? [Redacted]
Are you over 18 years of age? [Redacted]
If not, employment is subject to verification of minimum legal age.

Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? [Redacted]
If yes, describe in full: [Redacted]

State names of relatives and friends working for us. [Redacted]

Do you have any disabilities which preclude you from performing certain jobs? [Redacted]
If yes, describe limitation: [Redacted]

Upon the signing of this application, I represent that all of the information in this application or which now or hereafter may be given by me in support of my application is true and complete. I authorize BMJ Engineers & Surveyors, Inc. (the "BMJ") to verify any of the information concerning me, including my former employment, education, credit history, criminal history, or medical history (post-offer only), with any individuals, companies, institutions or agencies, and I authorize them and references to release such information as you require including my prior disciplinary employment record without liability for damage incurred in giving any such information and without any obligation to give me written notice of such disclosure that may be required by state or federal law. I also authorize you to release any information requested by any of my prospective or subsequent employers without liability for damage incurred in giving any such information and without any obligation to give me written notice of such disclosure that may be required by state or federal law. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures except that this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information, misrepresentation, or omissions, oral or written, provided on the application or in support may disqualify me from further consideration for employment or may subject me to discipline or discharge at any time during the period of my employment.

I agree that if I become an employee of BMJ either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered by a writing directed to me personally and signed by BMJ Personnel Director. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of BMJ - as they are from time to time changed, and no additional obligations can be imposed on BMJ except those which have been acknowledged in writing, by BMJ Personnel Director. I hereby authorize BMJ to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to BMJ during the course of my employment.

I agree that any action or suit against BMJ, its agents or employees, arising out of this application, my employment or termination of employment including, but not limited to, claims under State, but not Federal, civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. I further agree that any damages that I may be awarded in any action or suit shall be limited to ninety (90) days of severance pay. I further agree that if I should bring any non statutory action or claim arising out of my employment against BMJ, in which BMJ prevails, I will pay BMJ any and all such costs incurred by BMJ in defense of said claims or actions, including attorney fees.

I hereby consent to the release of my driving record to BMJ.

I understand upon an offer of employment and/or condition of employment, I may be required to undergo medical examination and physical testing and such future medical examinations and physical testing as may be required by BMJ.

I hereby give my consent for BMJ through an authorized testing service of its choice, to collect blood, urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances, and I hereby release BMJ and the testing service from any liability arising out of such test or its result. Further, I give my consent for the release of the test results and other relevant medical information to authorized BMJ management for appropriate review. If I am accepted for employment by BMJ, I hereby consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate, and I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment. I further agree that my employment or any offer of employment is conditional until such time as the results of my post-offer physical and drug screen are known.

[Redacted]
Applicant Signature

[Redacted]
Date

A person with a disability or handicap requiring accommodation for completing the application process should notify the BMJ Personnel Director as soon as possible.

BMJ is an Equal Opportunity Employer. It is the policy of BMJ to afford equal employment opportunity regardless of a person's race, religion, color, national origin, sex, age, marital status, height, weight or disability.

Michigan law requires that a person with a disability requiring accommodation for employment notify the employer in writing 182 days after the need is known.