



Bethel Solutions Group

EMPLOYMENT APPLICATION

Position Applied For: _____

APPLICANT INFORMATION

Last Name		First	M.I.	Date		
Physical Address			Apartment/Unit #			
City	State		Zip			
Mailing Address			Apartment/Unit #			
City	State		Zip			
Home Phone		Cell Number				
Date Available			Desired Salary			
Can you work overtime?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	I am seeking temporary work until (date): _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can you provide a valid driver's license if a requirement of the position?		YES <input type="checkbox"/> NO <input type="checkbox"/>				
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

TRAINING

Do you have a current commercial driver's license (CDL)?	YES <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have a current asbestos certification and state fitness card?	YES <input type="checkbox"/>	No <input type="checkbox"/>	If yes, expiration date :
Do you have a current 40 Hr Haz Woper certification and card?	YES <input type="checkbox"/>	No <input type="checkbox"/>	If yes, expiration date :
Do you have a current first aid and CPR card?	YES <input type="checkbox"/>	No <input type="checkbox"/>	If yes, expiration date :
Do you have a current medical card?	YES <input type="checkbox"/>	No <input type="checkbox"/>	If yes, expiration date :

REFERENCES PLEASE LIST THREE PROFESSIONAL REFERENCES

Full Name	Title	Phone
Company		Address
Full Name	Title	Phone
Company		Address
Full Name	Title	Phone
Company		Address

PREVIOUS EMPLOYMENT

Company		Title		From	To
Address		Starting Salary		Ending Salary	
Supervisor	Phone		May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Responsibilities					
Reason for Leaving					
Company		Title		From	To
Address		Starting Salary		Ending Salary	
Supervisor	Phone		May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Responsibilities					
Reason for Leaving					
Company		Title		From	To
Address		Starting Salary		Ending Salary	
Supervisor	Phone		May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Responsibilities					
Reason for Leaving					

MILITARY SERVICE

Branch	
Rank at Discharge	From To
Type of Discharge	If other than honorable, please explain

DISCLAIMER AND SIGNATURE

I acknowledge that employment with Bethel Solutions Group (BSG) is at will, which means that either I or BSG can terminate the employment relationship at any time, with or without prior notice.

I understand that my employment with BSG is contingent upon satisfactory results of an investigation of my past employment, education, driving record, I-9 verification and pre-employment drug testing. BSG participates in E-Verify.

I certify that my answers are true and complete to the best of my knowledge. I understand that falsification of any information provided herein is grounds for rejection or immediate dismissal.

Signature _____ Date _____

Please submit application:

By USPS Mail:
 Bethel Solutions Group
 2605 Denali Street, Suite 100
 Anchorage, AK 99503

By Fax:
 (907) 644-1473

By E-Mail:
 bsiinfo@bncak.com