



**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

<b>Full Name</b>	Title	Phone
Company		Address
<b>Full Name</b>	Title	Phone
Company		Address
<b>Full Name</b>	Title	Phone
Company		Address

**PREVIOUS EMPLOYMENT**

<b>Company</b>		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					
<b>Company</b>		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					
<b>Company</b>		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