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| **Application For Employment** | | | | | | Buck Business Partners, LLC is an Equal Opportunity Employer and is committed to excellence through diversity. | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. | |
|  | | | | | | | | |
| **Personal Information** | | | | | | | | |
| Name | |  | |  | |  |  | |
|  | | | | | | | | |
| Address | |  | | City | | State | Zip | |
|  | | | |  | |  |  | |
| Phone Number | | Mobile Number | | Email Address | | Social Security Number\* | Driver License Number\* | |
|  | |  | | State  *(\*This information will be used for background Screening purposes only.)* | | | | |
| Do You Have Authorization to work in the U.S.? | | | | Have You Ever Been Convicted Of A Crime? | | | | |
| Yes | No | | | Yes | No | |  | |
| Will You Now Or In The Future Require Sponsorship For Work Authorization? | | | | Are There Any Felony Charges Pending Against You? | | | | |
| Yes | No | | | Yes | No | |
| Do You Currently Work Under Any Agreement, Such As A Non-Compete Agreement, Which Would Restrict Your Employment With Buck Business Partners, LLC?    Yes  No  If Yes, Please Provide A Copy Of The Agreement With This Application. | | | | | | | | |
| If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? Yes  No | | | | | | | | |
|  | | | | | | | | |
| **Position** | | | | | | | | |
| Position You Are Applying For | | | | Available Start Date | |  | Desired Pay | |
|  | | | |  | | |  | |
| **Education** | | | | | | | | |
| School Name | | | Location | Years Attended | | Degree Received | Major | |
|  | | |  |  | |  |  | |
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|  | | |  |  | |  |  | |
| **[** | | | | | | | | |
| **References** | | | | | | | | |
| Name | | | | Title | | Company | Phone | Email |
|  | | | |  | |  |  |  |
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| **Employment History** | | | | |
| **Employer (1)** |  | Job Title |  | Dates Employed |
|  | |  | |  |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|  | |  | |  |
| Address |  | City | State | Zip |
|  | |  |  |  |
| **Employer (2)** |  | Job Title |  | Dates Employed |
|  | |  | |  |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|  | |  | |  |
| Address |  | City | State | Zip |
|  | |  |  |  |
| **Employer (3)** |  | Job Title | | Dates Employed |
|  | |  | |  |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|  | |  | |  |
| Address |  | City | State | Zip |
|  | |  |  |  |
| **Employer (4)** |  | Job Title |  | Dates Employed |
|  | |  | |  |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|  | |  | |  |
| Address |  | City | State | Zip |
|  | |  |  |  |
| **Employer (5)** |  | Job Title |  | Dates Employed |
|  | |  | |  |
| Work Phone |  | Starting Pay Rate |  | Ending Pay Rate |
|  | |  | |  |
| Address |  | City | State | Zip |
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| **Signature Disclaimer** | | |
| Buck Business Partners, LLC is an at-will employer. I acknowledge that if hired, I will be an at-will employee. I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand no representative of the company, other than the President & Managing Director, has authority to change the terms of an at-will employment and that such change can occur only in a written employment contract.  I authorize the agents of Buck Business Partners, LLC and Buck Business Partners, LLC at which I am seeking employment to verify with other persons including my current and prior employers, schools and credit sources all information and statements contained in this Application for Employment and in any resume I have submitted in connection with my Application. I release Buck Business Partners, LLC to which I am applying and their agents and all persons and organizations supplying such information from any liability incurred in connection with gathering or supplying such information.  I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | |
| Name (Please Print) |  | Signature |
|  | |  |
| Date |  |
|  | |