

**BRANCH HIGHWAYS, INC.
APPLICATION FOR EMPLOYMENT**

POSITION APPLIED FOR: _____

- * COMPLETE AND SIGN APPLICATION
- * REVIEW JOB DESCRIPTION AND SIGN (IF ATTACHED)
- * COMPLETE AND SIGN EEO INFORMATION FORM (Voluntary)

Branch Highways, Inc. is an Equal Employment Opportunity Employer and its policy is to provide equal employment without regard to race, color, religion, sex, age, national origin, disability or veterans' status. This policy relates to, but is not limited to, all aspects of recruitment, employment, training, placement, promotion, demotion, transfer, layoff, recall, termination, rates of pay or other forms of compensation, and the use of all Company facilities and participation in all Company sponsored employee activities.

Personal Information

Last Name	First	Middle	Social Security Number
Street Address			Home Telephone () () ()
City, State, Zip			Other Telephone () () ()
Do you have any relatives working at Branch Highways, Inc.? () yes () no If yes, give name, relationship, position and department.			Are you available to work fulltime? () yes () no Are you available to work overtime? () yes () no Are you available to travel overnight? () yes () no
Have you ever worked for Branch Highways, Inc. or one of its affiliates (The Branch Group, Inc., Branch & Associates, Inc., G.J. Hopkins, Inc., R.E. Daffan, Inc. or E.V. Williams Inc.)? () yes () no If yes, give dates _____ to _____, supervisor _____			Are you currently employed? () yes () no If so, may we contact you at work? () yes () no
Have you been convicted of a felony? (A positive response will not necessarily eliminate you from consideration.) () yes () no If yes, please explain:			Are you 18 years old or older? () yes () no
Whom do we contact in case of emergency? Name: Address: Home Telephone: () () () City/State: Business Telephone: () () ()			Are you eligible for employment in the United States? () yes () no

Education

School	Elementary	High School	Vocational	College
Circle Year Completed	4 5 6 7 8	9 10 11 12	1 2 3	1 2 3 4

List any additional courses taken, any specialized training you have, or any certificates or licenses you have obtained that support your qualifications for employment.

How did you hear about us? Please check one of the following:

Newspaper _____	Name of Newspaper: _____	Employment Commission _____
Radio _____	Name of Station: _____	School Visitation _____
Friend/Relative _____	Name: _____	Other _____

Employment

BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYER

Company Name	Telephone ()
Address	Dates of Employment
Name of Supervisor	Annual Rate of Pay
Job Title/Description	Reason for Leaving
Company Name	Telephone ()
Address	Dates of Employment
Name of Supervisor	Annual Rate of Pay
Job Title/Description	Reason for Leaving
Company Name	Telephone ()
Address	Dates of Employment
Name of Supervisor	Annual Rate of Pay
Job Title/Description	Reason for Leaving

Note: CDL Drivers must provide 10 years of work history. Please use separate page if necessary.

Skills

<u>List any job related skills you have (include equipment, special tools, pc software, etc...)</u>	<u>Years of Experience</u>

References

Name	Telephone #	How long have you known?

Additional comments that you feel qualify you for the position for which you have applied:

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If hired, I agree to notify the company, before returning to work, if arrested on a felony charge or if convicted of any crime. I understand that in connection with certain work assignments I may be required to submit to an additional or updated background check and, upon request, I shall cooperate and grant the company authorization to allow for gathering this information. I authorize former employers to provide previous employment information. In the event of employment, I understand and agree: (a) that I may be discharged for false and/or material omissions in this application or interview; (b) that I will abide by all rules and regulations of the company; and (c) that my employment and compensation can be terminated with or without cause, and with or without notice, at anytime, at the option of either the company or myself. I understand that no representative of Branch Highways, Inc. other than an officer of the company has authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, and any representations contrary to the foregoing shall not be binding unless made in writing and signed by two officers, one of which must be the president. I understand that this application will be considered active for a period of time not to exceed 6 months. I also understand that Branch Highways, Inc. has a Drug Free Workplace Policy. Furthermore, I am aware that the drug policy is strictly enforced to ensure a safe workplace and includes pre-employment, random, for-cause and post accident drug testing. By signing I confirm adherence to said drug testing policy.

Signature: _____ Date: _____

For Company Use Only – Do Not Write Inside This Box

Employee Number:	Hire Date:
Rate of Pay:	Job Title & Classification #:
Pay Cycle (Monthly/Weekly):	Signature of Person Hiring: