

## **JOB APPLICATION**

## BWidge 78 John Miller Way, Kearny, New Jersey 07032 1-800-222-0000

BWidge is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

| <u>Applicant Information</u>  |     |     |
|---|-----|-----|
| Applicant Name:   |     |     |
| Address:  |     |     |
| City, State and Zip Code:   |     |     |
| Telephone Number:   |     |     |
| Email Address:  |     |     |
| Date of Application:  |     |     |
| Employment Position  Position(s) applying for: Tech Support             |     |     |
| How did you hear about this position?                                   |     |     |
| What days are you available for work?                                   |     |     |
| What hours or shift are you available for work?                         |     |     |
| If needed, are you available to work overtime?                          |     |     |
| On what date can you start working if you are hired?                    |     |     |
| Salary desired:   |     |     |
| Personal Information  |     |     |
| Have you ever applied to or worked for BWidge before?                   | Yes | No  |
| If yes, when?   |     |     |
| Do you have any friends, relatives, or acquaintances working for BWidge | Yes | No  |
| If yes, state name & relationship:                                      | 163 | 110 |
| Are you 18 years of age or older?                                       | Yes | No  |
|   | Yes |     |
| Are you a U.S. citizen or approved to work in the United States?        | res | No  |
| What document can you provide as proof of citizenship or legal status?  |     |     |

| Will you consent to a mandate  | ory controlled substance test?   |                             | Yes                   | No       |
|--|----------------------------------|-----------------------------|-----------------------|----------|
| Do you have any condition which would require job accommodations?  |                                  | Yes                         | No                    |          |
| If yes, please describe accomm   | nodations required below.        |                             |                       |          |
| Have you ever been convicted   | of a criminal offense (felony o  | r misdemeanor)?             | Yes                   | No       |
| If yes, please state the nature  | of the crime(s), when and whe    | re convicted and disposi    | tion of the case:     |          |
| (Note: No applicant will be de date of the offense, the nature event, and the surrounding cir however, be considered.) | of the offense, including any    | significant details that a  | ffect the description | n of the |
| Job Skills/Qualifications Please list below the skills and o   | qualifications you possess for t | he position for which you   | u are applying:       |          |
| (Note: BWidge complies with the for eligible applicants/employe skill/agility and may be subject                       | es to perform essential functio  | ns. It is possible that a h | ire may be tested on  | •        |
| Education and Training   |                                  |                             |                       |          |
| High School  |                                  |                             |                       |          |
| Name   | Location (City, State)           | Year Graduated              | Degree Earne          | d        |
| College/University   | •                                | 1                           | 1                     |          |
| Name   | Location (City, State)           | Year Graduated              | Degree Earne          | d        |
| Vocational School/Specialized 1  |                                  | <u> </u>                    | <u>L</u>              |          |
| Name   | Location (City, State)           | Year Graduated              | Degree Earne          | d        |
|  |                                  |                             |                       |          |

Military:

| Are you a member of the Armed Serv                         | vices?            |                          |  |
|--|-------------------|--------------------------|--|
| What branch of the military did you                        | enlist?           |                          |  |
| What was your military rank when di                        |                   |                          |  |
| How many years did you serve in the                        | _                 |                          |  |
| What military skills do you possess th                     | nat would be an a | asset for this position? |  |
| viriat mintary skins do you possess tr                     | at would be all t | asset for this position: |  |
|  |                   |                          |  |
| Previous Employment  |                   |                          |  |
| Employer Name:   |                   |                          |  |
| Job Title:   |                   |                          |  |
| Supervisor Name:   |                   |                          |  |
| Employer Address:  |                   |                          |  |
| City, State and Zip Code:                                  |                   |                          |  |
| Employer Telephone:  |                   |                          |  |
| Dates Employed:  |                   |                          |  |
| Reason for leaving:  |                   |                          |  |
| Employer Name:   |                   |                          |  |
| Job Title:   |                   |                          |  |
| Supervisor Name:   |                   |                          |  |
| Employer Address:  |                   |                          |  |
| City, State and Zip Code:                                  |                   |                          |  |
| Employer Telephone:  |                   |                          |  |
| Dates Employed:  |                   |                          |  |
| Reason for leaving:  |                   |                          |  |
| Employer Name:   |                   |                          |  |
| Job Title:   |                   |                          |  |
| Supervisor Name:   |                   |                          |  |
| Employer Address:  |                   |                          |  |
| City, State and Zip Code:                                  |                   |                          |  |
| Employer Telephone:  |                   |                          |  |
| Dates Employed:  |                   |                          |  |
| Reason for leaving:  |                   |                          |  |
|  |                   |                          |  |
| <u>References</u><br>Please provide 3 personal and profess | ional reference(s | s) below:                |  |
| Reference  |                   | Contact Information      |  |
|  |                   |                          |  |
|  |                   | l .                      |  |

| Are there any certifications or trainings you have recieved that might be pertanent to the job.                |  |  |
|--|--|--|
|  |  |  |
| AT-WILL EMPLOYMENT   |  |  |
| The relationship between you and the BW idge is referred to as "employment at will." This means that your      |  |  |
| employment can be terminated at any time for any reason, with or without cause, with or without notice, by you |  |  |
| or the BWidge. No representative of BWidge has authority to enter into any agreement contrary to the           |  |  |
| foregoing "employment at will" relationship. You understand that your employment is "at will," and that you    |  |  |
| acknowledge that no oral or written statements or representations regarding your employment can alter your at- |  |  |
| will employment status, except for a written statement signed by you and either our Executive Vice-            |  |  |
| President/Chief Operations Officer or the Company's President.   |  |  |

Dated:

Applicant Signature:

Additional Information: