



BRITZ & COMPANY

CAGING AND RESEARCH EQUIPMENT SOLUTIONS

EMPLOYMENT APPLICATION AN EEO/ADA EMPLOYER

Return To:
1302 9th Street
Wheatland, WY 82201
307-322-4040 Fax 307-322-4141

Type or Print in Black Ink only.

OFFICIAL JOB TITLE APPLIED FOR AS STATED ON ANNOUNCEMENT:					SOCIAL SECURITY NUMBER	
LAST NAME		FIRST NAME			MIDDLE INITIAL	
MAILING ADDRESS	CITY	STATE	ZIP	HOME PHONE		
IF YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL UNDER OTHER NAMES, LIST NAMES AND DATE OF USE:						
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE: YES <input type="checkbox"/> NO <input type="checkbox"/>						
HIGH SCHOOL/LOCATION:						
COLLEGE OR VOCATIONAL SCHOOL AND LOCATION	DATES FROM TO		MAJOR	MINOR	DEGREE EARNED	
LIST OTHER JOB-RELATED SPECIAL QUALIFICATIONS AND SKILLS. INCLUDE COMPUTER SKILLS, SKILLS WITH MACHINES, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS, AWARDS, PUBLICATIONS, LICENSES OR REGISTRATIONS (GIVE NUMBERS AND EXPIRATION DATES), ETC.:						
PLEASE GIVE THE NAME UNDER WHICH YOUR SCHOOL RECORDS ARE MAINTAINED, IF UNDER A DIFFERENT NAME THAN ABOVE:						
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:						

List your employers (minimum of last 5 years). Please Note: your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers is critical. For employers outside of the U.S. a current fax number is necessary. Even if you have a resume, you must complete this section and also attach resume.

1. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$ PER	END SALARY: \$ PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					

2. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$ PER	END SALARY: \$ PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					

3. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$ PER	END SALARY: \$ PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					

4. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$ PER	END SALARY: \$ PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					

5. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$ PER	END SALARY: \$ PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					

6. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$ PER	END SALARY: \$ PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					

Salary you would consider appropriate for job _____

List four (4) references with address, phone numbers and relationship.

1. _____ _____ _____ _____	2. _____ _____ _____ _____
3. _____ _____ _____ _____	4. _____ _____ _____ _____

AVAILABILITY:

WHAT DATE CAN YOU START?
CHECK TYPE OF EMPLOYMENT YOU WOULD ACCEPT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HRS/WK <input type="checkbox"/> TEMPORARY

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentations or falsifications may result in removal from employment consideration or termination. I give the BH, Inc. and its authorized agents permission to verify all information given in connection with this application.

I understand that the BH, Inc. is an “employment at-will” employer.

Signature of Applicant Date

The BH, Inc. is an Equal Opportunity employer, committed to providing a work environment and employment opportunities free from discrimination of any kind. Hiring, promotion, training, personnel and all other policies were created in accordance with individual job-related qualifications and without regard to race, color, sex age, national origin, religion or physical handicap.

The BH, Inc. actively supports the ADA and reasonable accommodates qualified applicants with disabilities.

HOW DID YOU LEARN ABOUT THIS JOB OPPORTUNITY? (CHECK ALL APPROPRIATE CATEGORIES)	
<input type="checkbox"/> JOB SERVICE OFFICE	<input type="checkbox"/> VACANCY ANNOUNCEMENT AT STATE PERSONNEL OFFICE
<input type="checkbox"/> NEWSPAPER ADVERTISEMENT NAME OF NEWSPAPER:	<input type="checkbox"/> INTERNAL VACANCY NOTICE
<input type="checkbox"/> PROFESSIONAL JOURNAL OR NEWSLETTER NAME OF JOURNAL OR NEWSLETTER:	<input type="checkbox"/> STATE EMPLOYEE
<input type="checkbox"/> INTERNET	<input type="checkbox"/> FRIEND OR ACQUAINTANCE (NOT STATE EMPLOYEE)