



# The Blair Brothers Inc.

1 Blair Brothers Rd.

Suffolk VA, 23435

757-538-1696

## Employment Application

Name \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Driver's License Endorsements \_\_\_\_\_ Previous Citation or Violations if applicable \_\_\_\_\_

Are you related to anyone presently employed at The Blair Brothers Inc.? \_\_\_\_\_ If so, who? \_\_\_\_\_

Position Desired \_\_\_\_\_ Date Available to start work \_\_\_\_\_ Wages Desired \_\_\_\_\_

Current Employer \_\_\_\_\_ May we contact your current Employer? Yes / No \_\_\_\_\_

Do you have Transportation to & From Work: Yes / No \_\_\_\_\_

Desired Employment: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_

Have you ever tested positive for drugs with a previous employer? Yes / No \_\_\_\_\_

Work History (Start with most recent employment):

1. Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
2. Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
3. Employer \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Wages \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

*Employment Application Continued...*

Education \_\_\_\_\_

Education \_\_\_\_\_

Are you a U.S. Citizen? Yes / No  
If not, are you an alien authorized to work in the US? Yes / No

<b>THE FOLLOWING INFORMATION IS OPTIONAL</b>		
Date of Birth _____	Sex: Male / Female _____	Race _____
<b>THE BLAIR BROTHERS INC. IS AN EQUAL OPPORTUNITY EMPLOYER</b>		

**Pre-employment Consent**

Part of the hiring process includes testing for controlled or illegal substances. If you are contacted by The Blair Brothers Inc. for an opportunity for employment do you consent to testing on a specimen provided by you in order to determine the presence of controlled substances and recognize that the results of an analysis of such specimen will be used to determine the suitability for employment?

YES / NO

\_\_\_\_\_  
Signature

The testing may detect the presence of controlled substances which you are properly taking pursuant to a doctor's prescription. Therefore, it is important for us to know whether you are currently under such medication and that nature of the medication.

Are you under any current medications? Yes / No

If so, please give the name of the medication. \_\_\_\_\_

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for an indefinite period and may, regardless of the date of payment of my wages, be terminated at any time without previous notice.

Signature \_\_\_\_\_

\_\_\_\_\_  
Date