

Employment Application

BITHGROUP Technologies is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, marital or veteran status, the presence of a disability status, or any other status protected by Federal, State or local laws.

Please complete the entire application. Omission of any information (i.e. dates of employment, past employers, phone numbers, etc.) may delay the processing of your application. **Providing any unsolicited information may result in rejection of your application from further consideration.**

(PLEASE PRINT IN INK)

Last Name	First Name	Middle Name
Current Address	City	State Zip
Previous Address (list all addresses for last 3 years)	City	State Zip
Telephone Number(s)	Social Security Number	
Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Referral <input type="checkbox"/> Employment Agency <input type="checkbox"/> Internet <input type="checkbox"/> Other		

If you are under 18 years of age, can you provide required proof of your eligibility to work? *(If not, you may be required to provide authorization)* Yes No

Are you legally eligible to work in the United States? Yes No
*(Proof of **identity and eligibility to work in the United States** will be required upon employment).*

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* Yes No

Have you ever applied for a position with BITHGROUP Technologies before? *(If yes, please give date.)* _____ Yes No

Have you ever been employed with BITHGROUP Technologies before? *(If yes, please give date.)* _____ Yes No

Have you ever been convicted of a felony? *(A conviction will not necessarily disqualify you.)* Yes No

If yes, please explain: _____

Is anyone related to you employed by BITHGROUP Technologies? Yes No

If yes, please give their name and relationship to you. _____

Are you currently employed? Yes No

When may we contact your present employer? _____

On what date would you be available to begin employment? _____

Are you available to travel, if the job required it? Yes No

Are you available to work overtime, if the job required it? Yes No

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been terminated or asked to resign from a job? Yes No

If yes, please explain: _____

EDUCATION

	DIPLOMA/DEGREE	YEARS COMPLETED	SCHOOL NAME/LOCATION
High School or GED			
College/University			
Graduate/Professional			
Other			

Please list any academic honors, scholarships, offices held, etc. (do not list any which reflect your race, color, religion, gender, sexual orientation, national origin, age, disability, veteran status or any other characteristic protected by local, state or federal laws).

Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? Yes No
(If yes, please give dates and explanation.) _____

Indicate any foreign languages you can speak, read and/or write:

EMPLOYMENT EXPERIENCE

Begin with current or most recent employer. Do not exclude any employment. Include all applicable temporary employment (attach another sheet if necessary).

Employer		Dates Employed		Work Performed
Address		From	To	
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
Reason for Leaving		Starting \$		Final \$

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Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
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Please provide any other information that you feel will help us in considering your application for employment.

BUSINESS REFERENCES

Please list three persons, who are not related to you , who can provide professional references.

Employer	Name/Relationship of Reference & Years Known	Address	Daytime Phone

If you need additional space, please continue below or on a separate sheet of paper and/or attach your resume.

I hereby certify that all of the information provided by me in this application (or other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by BITHGROUP Technologies (hereinafter referred to as "BITHGROUP Technologies") that such employment with BITHGROUP Technologies is "*at will*," for no specified duration and may be terminated by either BITHGROUP Technologies or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of BITHGROUP Technologies or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of BITHGROUP Technologies except the President or company Officer has the authority to enter into any agreement guaranteeing any condition of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President or company Officer of BITHGROUP Technologies.

In consideration for employment with BITHGROUP Technologies, if employed, I agree to conform to the rules, regulations, policies and procedures of BITHGROUP Technologies at all times and understand that such obedience is a condition of employment. I understand that due to the nature of BITHGROUP Technologies business, attendance and punctuality are considered essential requirements of every job at BITHGROUP Technologies and that poor attendance or tardiness may result in disciplinary action up to and including termination of employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that either BITHGROUP Technologies or I can terminate the employment at any time, for any reason, with or without notice. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive or designee of BITHGROUP Technologies.

I understand that if offered a position with BITHGROUP Technologies, I may be required to submit to a medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these tests and checks may result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to BITHGROUP Technologies and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

By signing below I acknowledge that I have read, understood and agree to the above statements.

Signature _____ Date _____

Print Name _____

Name and telephone number of person completing this application if other than applicant:

BITHGROUP Technologies is an Equal Opportunity Employer. All qualified applicants will receive consideration without regarding to race, color, religion, gender, sexual orientation, national origin, age, disability, veteran status or any other status protected by law.

Veterans Reemployment Preference Act and Handicapped Persons' Employment Preference

If you are claiming preference under the Veteran's Employment Preference Act or The Handicapped Persons' Employment Preference Act, please complete the following questions.

Veteran's Employment Preference provides the addition of 5% points or 10% points to the applicant's score when a numerically scored selection process is used. To claim **VETERAN'S EMPLOYMENT PREFERENCE** you must be a U.S. citizen and (check one of the boxes below):

- A Veteran, if
1. You have been separated under honorable conditions, AND
 2. You have served more than 180 consecutive days of active duty other than training in the Army, Air Force, Navy, Marines or Coast Guard (not including National Guard or Reserves).
- A Disabled Veteran, if
1. You have been separated under honorable conditions, AND
 2. You have an established Armed Force, service-connected disability OR are receiving compensation, disability retirement benefits, or pension from the U.S. Department of Veteran Affairs or military department, OR, you have received a Purple Heart.
- The spouse of a disabled veteran if the veteran's disability prevents him/her from working.
- The unmarried surviving spouse of a veteran or disabled veteran.
- The mother of a veteran, if
1. The Veteran lost his or her life under honorable conditions while serving in the Armed Forces OR the Veteran has a service-connected, permanent and total disability, AND
 2. Your HUSBAND is totally and permanently disabled or you are the unremarried widow of the father of the veteran.

To claim **HANDICAPPED PERSONS' EMPLOYMENT PREFERENCE**, you must be (check one of the boxes below):

- A handicapped person certified by SRS, or
- The spouse of a totally (100%) disabled person certified by the SRS.

If you checked one of the above boxes for Handicapped Persons' Employment Preference Act:

Are you a Montana resident? Yes No

If yes, date residency was established _____.

Applicant Survey

Title VII of the U.S. Civil Rights Act requires employers to “make and keep records relevant to the determinations of whether unlawful employment practices have been or are being committed.” The following survey helps to fulfill these requirements.

This applicant Survey is voluntary and will be separated from your employment application. The survey information will be kept confidential and used to monitor recruitment and selection practices of the employer.

Name _____ Social Security # _____

Title of Job being applied for _____

Job Location _____

How did you first learn of this position?

Advertisement Referral Employment Agency Internet Other _____

Date of Birth _____ Female Male

Race/Ethnicity

Please check the one box that best describes your race/authenticity:

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Other _____ | |

Reference Request Form

“I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS REFERENCE REQUEST IS TRUE IN ALL RESPECTS. FURTHERMORE, I AGREE THAT, IF EMPLOYED AND INFORMATION IS FOUND TO BE FALSE IN ANY WAY, I MAY BE SUBJECT TO DISMISSAL WITHOUT NOTICE IMMEDIATELY UPON DISCOVERY. I AUTHORIZE THE USE OF ANY PAST EMPLOYERS, PHYSICIANS, ALL REFERENCES AND ANY OTHER PERSONS TO ANSWER ALL QUESTIONS ASKED BY THE PROSPECTIVE EMPLOYER CONCERNING MY ABILITY, CHARACTER, REPUTATION, AND PREVIOUS EMPLOYMENT RECORDS. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES DUE TO THEIR FURNISHING SUCH INFORMATION.”

TO: _____ **FROM:** _____

Please print your full name and Social Security #.

(phone)
Please print the name and mailing address of your former employer.

Having been your employee from _____ to _____ in the position of _____, would you please be kind enough to fill in the bottom of this reference questionnaire. As my employment at this organization will, in great measure, be determined by my previous evaluations, I would appreciate your response as soon as possible. Thank you very much.

Applicant's Signature

Please check all evaluative areas. If not appropriate for employee's position, please designation as "N/A."

AREA OF EVALUATION	OUTSTANDING	VERY COMPETENT	COMPETENT	NEEDS IMPROVEMENT	UNSATISFACTORY
Overall Performance					
Interpersonal Skills					
Attendance & Punctuality					
Leadership Skills					
Quality of Work					

Is this former employee eligible for rehire by your organization? YES ____ NO ____ CONDITIONALLY ____ . If answer is NO or CONDITIONALLY, please explain below.

Are the dates of employment given above correct? YES ____ NO ____ Actual dates were from ____ to ____.

Comments regarding eligibility for rehire, inservice attendance, special qualities, or areas of concern when applicable.

DATE _____ SIGNATURE & TITLE _____

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DATE _____ SIGNATURE & TITLE _____

Background Authorization and Release Form

Under the applicable provisions of the federal Fair Credit Reporting Act (FCRA), notice is hereby given that a consumer report or investigative consumer report may be made which may include information pertaining to your employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, and personal characteristics. If applicable for the position for which you are applying, this report may also include information pertaining to a commercial driver's license and commercial driving work history which, under provisions of the United States Department of Transportation, can include inquiries into drug and alcohol testing and use. This report will be used for employment purposes only. An investigation into your worker's compensation and/or industrial accident background may also be conducted according to the provisions of the Americans with Disabilities Act (ADA). Sources may include contact by phone, FAX, U.S. Mail, and electronic mail of an applicant's previous employers, education officials, and other individuals who can provide accurate verification and confirmation of the applicant's background. However, BITHGROUP Technologies cannot guarantee the accuracy of the information provided by these sources, which include courts, public record databases, commonly accepted information sources, and individuals, including previous employers.

Under the provisions of the FCRA, you have the right to dispute information provided in a report and, after providing proper identification, you can request a copy of such report(s), including details about the sources of information. Such information will be provided to you at no cost within 30 days after receiving your request. Upon your request, BITHGROUP Technologies will provide additional details regarding your employment screening report, particularly the names of specific resources used to gather information, such as courts, public record databases, commonly accepted data sources and individuals. **PRIVACY NOTE:** BITHGROUP Technologies does not distribute details of employment applications or results to anyone other than the individuals involved in hiring process within the organization. Information provided by applicants is held by BITHGROUP Technologies in strict confidence according to all federal laws.

I, the undersigned, have read and fully understand the above notice. I hereby authorize BITHGROUP Technologies to investigate as applicable to the position for which I am applying, my employment history, educational accomplishments, criminal record, driving record, credit history, character, general reputation, personal characteristics, and information pertaining to a commercial driver's license and commercial driving work history, including inquiries into drug and alcohol testing and use as applicable for the position for which I am applying. I authorize BITHGROUP Technologies to verify the facts stated by me on the attached application and/or resume. I agree not to hold BITHGROUP Technologies responsible in any manner for errors in information provided to BITHGROUP Technologies by any of the sources BITHGROUP Technologies uses to obtain such information. I also agree not to hold BITHGROUP Technologies responsible for reports deemed by me to be incorrect, when BITHGROUP Technologies has, in good faith and according to its established lawful practices, based its information on sources it normally utilizes, such as those listed above.

To be completed by the candidate:

Print your Name: _____

Street Address: _____

City, State, Zip: _____

Previous Street Address: _____

City, State, Zip: _____

Previous Street Address: _____

City, State, Zip: _____

Social Security Number: _____

Drivers License State: _____

Drivers License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ **Race: Gender (M or F):** _____

Other or Former Names: _____

Professional License: State: Type: Number: _____

Signature: _____ **Date:** _____

FOR COMPANY USE ONLY

Company Name: _____ Date: _____

Applicant Name: _____ Soc. Sec. #: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

_____ Previous Employment Verification

_____ Education Verification

_____ D.O.T. (Special Screening for Commercial Drivers)

_____ Professional/Personal References

_____ Professional License & Credential Check

_____ Official Education Transcripts

_____ Criminal Record Check

_____ Driving Record Check

_____ Child Abuse Search

_____ Workers' Compensation

_____ Employment Credit Report

_____ National Address Search & Social Security # Validation

List Jurisdictions To Be Checked Here:

_____ Nationwide Federal Violations Criminal Record Check

Signature of Official Authorizing Investigation:

Signature _____

Date _____

Title _____

Date _____

Print Name _____

Date _____