

BROX INDUSTRIES, INC.

The logo features the word "BROX" in a bold, white, sans-serif font. The letters are set against a background that is split diagonally from the top-left to the bottom-right. The upper-left portion of the background is red, and the lower-right portion is black. The white text of "BROX" spans across both the red and black areas.

BROX

APPLICATION FOR EMPLOYMENT

ALSO SEE JOB POSTINGS AT
<http://www.broxindustries.com/employment>

REVISED AUGUST 2015

BROX INDUSTRIES, INC.
APPLICATION FOR EMPLOYMENT

1. Type or print clearly in black or blue ink.
2. Answer every question fully and accurately. If not applicable, please put N/A.
3. If an offer of employment is made to you, Brox Industries, Inc. may declare that the offer is contingent upon the successful results of a medical exam, drug screen, references, education, certification, professional licenses, driver's license (if required for job).
4. **False or materially inaccurate information on the application will be cause for disqualification for employment or dismissal at any time during employment.**
5. Read certification and releases carefully before signing.
6. Return completed application.

This application will be kept on file for 3 years. Applicants are responsible for applying for each vacancy for which there is an interest in being considered.

WE ARE AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of Brox Industries, Inc. to afford equal employment opportunity to all qualified persons regardless of race, color, religious creed, national origin, age, military status, sexual orientation, disability, genetic information, gender identity, gender expression or gender unless based upon a bona fide occupational qualification.

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PERSONAL INFORMATION			
First Name		Middle Initial	Last Name
Home Telephone Number	Personal Cell Phone Number	Email Address	
Mailing Address			
Street		City	State
			Zip Code
Home Address - if different from mailing address			
Street		City	State
			Zip Code
Are you authorized to work in the U.S. on an unrestricted basis?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you 18 years or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Who referred you?			
Current Employee <input type="checkbox"/>			
Employment Agency <input type="checkbox"/>			
Newspaper advertisement <input type="checkbox"/>			
Other Internet job site <input type="checkbox"/>			
Unemployment office <input type="checkbox"/>			
Walk-in <input type="checkbox"/>			
Other : _____			

EMPLOYMENT DESIRED	
Position Applied For	How soon can you start if a job offer is made?
Have you worked for Brox Industries before? NO <input type="checkbox"/> YES <input type="checkbox"/> Dates:	Starting salary desired
Are you available for full time work? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you available for part time work? YES <input type="checkbox"/> NO <input type="checkbox"/>
In addition to your work history, what other experiences, skills or qualifications would qualify you for this work?	

EDUCATION						
Name of School	City	State	Main Course of Study	Did you Graduate	Degree	Years Attended

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MICROSOFT OFFICE SKILLS				
Please indicate your level of expertise with the following software:				
	Excellent	Good	Average	N/A
Word				
Excel				
Outlook				

PROFESSIONAL REFERENCES				
(not personal)				
List 3 people not related to you who can comment on your work performance.				
Name	Address	Occupation	Telephone Number	Years Acquainted

ADDITIONAL SKILLS & INFORMATION
Describe any specialized training, apprenticeship, skills and extra-curricular activities: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
State any additional information you feel may be helpful to us in considering your application: <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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COMPLETE ALL INFORMATION IN FULL. All applicants must complete this page even if they are also submitting a resume. BEGIN WITH YOUR MOST RECENT EMPLOYMENT, INCLUDING ANY PRESENT EMPLOYMENT. YOUR PRESENT EMPLOYER WILL NOT BE CONTACTED WITHOUT YOUR PERMISSION. YOU MAY INCLUDE ANY VERIFIABLE WORK PERFORMED ON A VOLUNTEER BASIS. ANY GAPS IN EMPLOYMENT MUST BE BRIEFLY EXPLAINED.

EMPLOYMENT HISTORY

Are you employed now? Yes No

Company Name	Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Job Title	Supervisor
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Specific Duties

Dates Employed From:	To:	Salary
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Reason for Leaving

Company Name	Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Job Title	Supervisor
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Specific Duties

Dates Employed From:	To:	Salary
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Reason for Leaving

Company Name	Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Job Title	Supervisor
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Specific Duties

Dates Employed From:	To:	Salary
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Reason for Leaving

Company Name	Telephone	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Street Address	City	State	Zip Code
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Job Title	Supervisor
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Specific Duties

Dates Employed From:	To:	Salary
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Reason for Leaving

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ALL APPLICANTS MUST SIGN AND SUBMIT THIS PAGE

RELEASE AND CERTIFICATION
PLEASE READ BEFORE SIGNING

I understand that the foregoing will be verified in order to expedite my application for employment with Brox Industries, Inc. I hereby authorize Brox Industries, Inc. to conduct a full investigation into my background.

I agree that Brox Industries, Inc. shall not be liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions or answers made by me on this application. I agree that my previous employers shall not be liable with regard to any information provided by them in connection with this release.

I certify under the pains and penalties of perjury that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing, which, if disclosed, would affect this application unfavorably. I understand that any false statements, omissions or answers made by me on this application can result in my immediate termination.

Through this application, Human Resources (HR) collects a range of highly personal information voluntarily provided by users. Unless otherwise required by law (including public records law), HR will use this information solely for hiring, payroll, and other human resources purposes. HR also makes this information available to other agencies or entities that are part of Brox Industries, Inc., but will require any entity receiving this information to agree to the same restrictions on its use.

I understand that unless I am subject to the terms of a collective bargaining agreement and have completed the requisite probationary period, my employment will be at-will, which means that both Brox Industries, Inc. and I are free to terminate the employment relationship at any time for any non-statutorily prohibited reason or for no reason at all, with or without notice.

I hereby acknowledge that I have read in full and understand the above statements and conditions of employment.

Signature of Applicant

Date

Printed Name

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.”
MGL Ch.149, Section 19B

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PRE-EMPLOYMENT PHYSICAL & DRUG SCREENING NOTICE PLEASE READ BEFORE SIGNING
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If an offer of employment is made to you, Brox Industries, Inc. may specify that it is contingent upon the results of a medical exam. I freely and voluntarily agree to submit to a pre-employment physical and/or drug screen, as it relates to the requirements of a specific job, as part of my pre-employment application to Brox Industries, Inc. I understand that either refusal to submit to such screening, or failure to qualify according to the minimum standards established by Brox Industries, Inc. for this screening may disqualify me from further consideration for employment. Further, I understand that any positive drug test results will be communicated in a confidential manner.

I hereby acknowledge that I have read in full and understand the above statements.

Signature of Applicant

Date

Printed Name