



# Application for Employment

## An Equal Opportunity Employer

BLP, LLC DBA Baca Lightning Protection 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. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Date \_\_\_\_\_

### Applicant Information

*Please print or type and fill in all sections*

Applicant full legal name (as it appears on driver's license) \_\_\_\_\_

Current Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address (optional) \_\_\_\_\_

How were you referred to BLP, LLC.? \_\_\_\_\_

### Employment Positions

Position(s) you are applying for \_\_\_\_\_

Are you applying for:

Temporary work such as summer or holiday? Yes  No

Regular part time work? Yes  No

Regular full time work? Yes  No

What days and hours are you available for work? \_\_\_\_\_

If hired, on what date can you start working? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you available to work weekends? Yes  No

Are you available to work evenings? Yes  No

Are you available to work overtime? Yes  No

Are you willing to travel for work? Yes  No

Salary desired: \$ \_\_\_\_\_

## Personal Information

Do you have a valid driver's license in the state of New Mexico? Yes  No

If yes, please provide driver's license # \_\_\_\_\_

If you have a valid driver's license from another state please provide below the issuing state and driver's license number.

Issuing state of driver's license \_\_\_\_\_ License # \_\_\_\_\_

Do you have a clean driving record? Yes  No

Has your driver's license ever been revoked or suspended? If yes, please explain Yes  No

\_\_\_\_\_

Have you ever applied to or worked for BLP, LLC before? Yes  No

If yes, please explain (include dates): \_\_\_\_\_

Do you have any friends, relatives or acquaintances working for BLP, LLC? Yes  No

If yes, please give name and relationship: \_\_\_\_\_

If hired, would you have transportation to/from work? Yes  No

Are you over the age of 18? (If under the age of 18, hire is subject to verification of minimum legal age.)

Yes  No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes  No

Are you willing to take a pre-employment drug test and random drug tests during employment?

Yes  No  **we require random drug testing during employment.**

Are you able to perform the essential functions of the job for which you are applying, either without or with reasonable accommodation? Yes  No

If no, please describe the function(s) that cannot be performed \_\_\_\_\_

(Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

For statistical purposes, please check the box for the racial or ethnic group with which you identify

White

Hispanic

Black

Asian/Pacific Islander

Native American/Alaskan Native

For statistical purposes, please check the appropriate box

Male  Female

## Education, Training and Experience

### High school

School name \_\_\_\_\_

School address \_\_\_\_\_

Number of years completed (please circle) 1 2 3 4

Did you graduate? Yes  No

Can you provide a copy of your high school diploma? Yes  No

### College/University or Vocational school

School name \_\_\_\_\_

School address \_\_\_\_\_

Number of years completed (please circle) 1 2 3 4 Other \_\_\_\_\_

Did you graduate? Yes  No

If yes, please specify concentration: \_\_\_\_\_

### Military

Branch: \_\_\_\_\_

Rank in military: \_\_\_\_\_

Total years of service: \_\_\_\_\_

Skills/duties: \_\_\_\_\_

Related details: \_\_\_\_\_

Do you have an OSHA 10 hour safety training card? Yes  No

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Please list below three persons who have knowledge of your work performance within the last five years. Please include professional references only.

Name (first, last): \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of years acquainted: \_\_\_\_\_

Name (first, last): \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of years acquainted: \_\_\_\_\_

Name (first, last): \_\_\_\_\_

Telephone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of years acquainted: \_\_\_\_\_

## Employment History

Are you currently employed? Yes  No

If yes, may we contact your present employer? Yes  No

Please provide name and phone number: \_\_\_\_\_

Begin with present or most recent job. List your last four (4) jobs in order. Do not omit any job.

### Employment Experience 1:

\_\_\_\_\_  
Employer Supervisor's Name

Address: \_\_\_\_\_

Job position: \_\_\_\_\_

Length of employment (include dates): \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Starting/ending salary: \_\_\_\_\_

Duties \_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Employment Experience 2:

\_\_\_\_\_  
Employer Supervisor's Name

Address: \_\_\_\_\_

Job position: \_\_\_\_\_

Length of employment (include dates): \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Starting/ending salary: \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

What did you like most about your job? \_\_\_\_\_  
\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Employment Experience 3:**

\_\_\_\_\_  
Employer Supervisor's Name

Address: \_\_\_\_\_

Job position: \_\_\_\_\_

Length of employment (include dates): \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Starting/ending salary: \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_

What did you like most about your job? \_\_\_\_\_  
\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

**Employment Experience 4:**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Supervisor's Name

Address: \_\_\_\_\_

Job position: \_\_\_\_\_

Length of employment (include dates): \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Starting/ending salary: \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

What did you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What did you like least about your job? \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.**

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will result in refusal to hire or immediate discharge, if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications. YES  NO

If hired, I will be responsible for familiarizing myself with all rules and regulations of **BLP, LLC** as they presently exist or are later modified. *If hired, I understand my employment can be terminated, at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current individual employment agreement, which I may have entered into with the company.* YES  NO

I also understand that no representative of **BLP, LLC** has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically states in a current written agreement signed by the President. YES  NO

I understand this application is not an offer of employment and no promises or representations or employment have been made to me at this time. YES  NO

By signing below, I authorize **BLP, LLC or its agents** to investigate all statements contained in this employment application, as they may deem necessary in arriving at an employment decision. I further authorize **BLP, LLC or its agents** to order one or more consumer reports containing financial, driving record, criminal record, and/or other information about me from a consumer-reporting agency or law enforcement. I understand that the consumer and/or law enforcement report(s) will be requested and used for the purpose of evaluating me for employment, promotions, transfers, and/or retention as an employee.

**I have read, understand, and agree with the above.**

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Signature of Applicant

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Date

NOTICE BEFORE ORDERING CONSUMER OR LAW ENFORCEMENT REPORT(S)

This is to inform you that as a part of our procedure for evaluating your employment application or employment status, we may obtain from a consumer-reporting or law enforcement agency one or more consumer or law enforcement reports containing financial, driving record, criminal record, and/or other relevant information about you. These reports, if obtained, will only be used for the purpose of evaluating you for employment, promotions, transfers, and/or retention as an employee. The Fair Credit Reporting Act (FCRA) provides individuals with rights regarding consumer reports, and places certain obligations on employers using consumer reports for employment-related purposes.

**BLP, LLC or its agents** will not obtain a consumer report or criminal record without your signed authorization, however applications without a signature will not be considered. The authorization is contained above the signature line on the *Application for Position*. By signing the application, you are authorizing **BLP, LLC or its agents** to obtain one or more consumer reports or criminal records.

I hereby acknowledge that I have read and understand the contents of this notice and by signing the *Application for Position*, have signed my authorization for **BLP, LLC or its agents** to obtain one or more consumer reports or criminal records for the purposes listed above.

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Printed Name

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Signature

Date

*This application is valid for only ninety (90) days from the date signed. If I want to be considered for job openings more than ninety (90) days from the date signed, I will submit a new application.*