

# ROBERT W. BROWNLIE MOTOR ENGINEERS

## EMPLOYMENT APPLICATION FORM

| PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE   |                |  |                               |                      |
|---|----------------|--|-------------------------------|----------------------|
| PLEASE COMPLETE PAGES 1-5.  |                |  |                               | Date:                |
| Surname   | First          | Middle                                 | Maiden                        |                      |
| Present Address:  |                |  |                               |                      |
| Number  | Street         | City                                   | Postcode                      |                      |
| How Long Have You Lived There:  |                |  | National Insurance No:        |                      |
| Telephone Number:   |                |  | Mobile:                       |                      |
| Position Applied For:   |                |  | Days/Hours Available to Work: |                      |
| Salary Desired:   |                |  | No Pref _____                 | Thur _____           |
|   |                |  | Mon _____                     | Fri _____            |
|   |                |  | Tue _____                     | Sat _____            |
|   |                |  | Wed _____                     | Sun _____            |
| How many hours can you work weekly?   |                |  | Can you work nights?          |                      |
| Employment Desired:   |                |  |                               |                      |
| <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME |                |  |                               |                      |
| When available for work?  |                |  |                               |                      |
| EDUCATION & OTHER INFORMATION   |                |  |                               |                      |
| TYPE OF SCHOOL  | NAME OF SCHOOL | LOCATION<br>(Complete mailing address) | NO. OF YEARS COMPLETED        | QUALIFICATION GAINED |
| <b>School</b>   |                |  |                               |                      |
|   |                |  |                               |                      |
| <b>College</b>  |                |  |                               |                      |
|   |                |  |                               |                      |
| <b>University</b>   |                |  |                               |                      |
|   |                |  |                               |                      |
| <b>Further Education</b>  |                |  |                               |                      |
|   |                |  |                               |                      |



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|  |   |                  |        |
|--|---|------------------|--------|
| <b>Work Experience</b>   | Please list your work history for the past five years beginning with your most recent job held. If you were self-employed, give company/trading name.<br>Attach additional sheets if necessary. |                  |        |
| <b>Job One (Last/Current Position)</b>   |   |                  |        |
| Name of Employer:  | Name of Last/Current Manager:   | Employment Dates | Salary |
| Complete Address:  |   | From:            | Start: |
|  |   | To:              | Final: |
|  |   | Notice Required: |        |
| Phone Number:  | Position Title:   |                  |        |
| May we contact your this employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |   |                  |        |
| Reason for Leaving (be specific):  |   |                  |        |
| List the positions you held, duties performed, skills used or learned, promotions while you worked for this company.           |   |                  |        |
|  |   |                  |        |
|  |   |                  |        |
|  |   |                  |        |
|  |   |                  |        |
| <b>Job Two</b>   |   |                  |        |
| Name of Employer:  | Name of Last Manager:   | Employment Dates | Salary |
| Complete Address:  |   | From:            | Start: |
|  |   | To:              | Final: |
| Phone Number:  | Position Title:   |                  |        |
| May we contact your this employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |   |                  |        |
| Reason for Leaving (be specific):  |   |                  |        |
| List the positions you held, duties performed, skills used or learned, promotions while you worked for this company.           |   |                  |        |
|  |   |                  |        |
|  |   |                  |        |
|  |   |                  |        |
|  |   |                  |        |

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| Job Three   |                       |                  |        |
|---|-----------------------|------------------|--------|
| Name of Employer:   | Name of Last Manager: | Employment Dates | Salary |
| Complete Address:   |                       | From:            | Start: |
|   |                       | To:              | Final: |
| Phone Number:   | Position Title:       |                  |        |
| May we contact your this employer? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>          |                       |                  |        |
| Reason for Leaving (be specific):   |                       |                  |        |
| List the positions you held, duties performed, skills used or learned, promotions while you worked for this company.                    |                       |                  |        |
|   |                       |                  |        |
|   |                       |                  |        |
|   |                       |                  |        |
|   |                       |                  |        |
|   |                       |                  |        |
| Did you complete this application yourself? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> |                       |                  |        |
| If not, who did?  |                       |                  |        |

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Robert W. Brownlie Motor Engineers (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Robert W. Brownlie Motor Engineers or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Proprietor /General Manager of the Company. Both the undersigned and Robert W. Brownlie Motor Engineers may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that continued employment may be based on the successful passing of job-related physical examinations and checking of references.

I further understand that my employment with the Company shall be probationary for a period of one year (12 months), and further that at any time during the probationary period or thereafter, my employment within the Company may be terminated at will for any reason by either party.

**Signature of Applicant:**

**Date:**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, colour, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications or experience.

**Thank you for completing this application form and for your interest in our business.**

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER INDIVIDUAL HAS BEEN OFFERED EMPLOYMENT

|   |  |                                   |                                    |                                    |
|---|--|-----------------------------------|------------------------------------|------------------------------------|
| Height:   | Ft.  | in.                               | Weight:                            | Birth Date:                        |
| Married   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   | If Married, How Long?              |                                    |
|   |  | <input type="checkbox"/> Single   |                                    | <input type="checkbox"/> Separated |
|   |  | <input type="checkbox"/> Divorced |                                    | <input type="checkbox"/> Widowed   |
| Full Name of Spouse                                     |  |                                   | Spouse Occupation                  |                                    |
| Name of Company   |  |                                   | Telephone:                         |                                    |
| <b>PERSON TO BE NOTIFIED IN CASE OF EMERGENCY</b>       |  |                                   |                                    |                                    |
| Name:   |  |                                   | Telephone:                         |                                    |
| Address:  |  |                                   | Relationship:                      |                                    |
| <b>FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS</b> |  |                                   |                                    |                                    |
| Name:   | Relationship:  | Birth Date:                       | SSN:                               |                                    |
|   |  |                                   |                                    |                                    |
|   |  |                                   |                                    |                                    |
|   |  |                                   |                                    |                                    |
|   |  |                                   |                                    |                                    |
|   |  |                                   |                                    |                                    |
|   |  |                                   |                                    |                                    |
|   |  |                                   |                                    |                                    |
|   |  |                                   |                                    |                                    |
| <b>TO BE COMPLETED BY EMPLOYER</b>                      |  |                                   |                                    |                                    |
| Date of Employment:                                     | Job Title:   |                                   | Dept.:                             |                                    |
| Location:   | Rate of Pay:   |                                   | <input type="checkbox"/> Full-time |                                    |
|   |  |                                   | <input type="checkbox"/> Part-time |                                    |
|   |  |                                   | <input type="checkbox"/> Salaried  |                                    |
| Applicant's signature acknowledging above information   |  |                                   |                                    |                                    |
| Signature:  |  |                                   | Date:                              |                                    |
| Drug Test Confirmation Number:                          |  |                                   |                                    |                                    |
| Name of Person Verifying Information:                   |  |                                   |                                    |                                    |
| Name of Person Authorizing Employment:                  |  |                                   |                                    |                                    |