

## EMPLOYMENT APPLICATION

Bridges Incorporated is an Equal Opportunity Employer.

## Bridges Incorporated

911 SW 14<sup>th</sup> St.  
Newton, KS 67114  
Phone: (316) 283-9350  
Fax: (316) 283-9363  
E-mail: [barb@bridgesincorporated.com](mailto:barb@bridgesincorporated.com)

### Personal Information

Name

Address	City	State	Zip
Date of Birth	Phone Number		
Social Security Number	Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Driver's License Number	Type	State of Issue	

### Position

Position You Are Applying For	Available Start Date	Desired Pay
Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal/Temporary		

### Education

School Name	Location	Graduate?	Degree or Certificate?

### References

Name	Title	Company	Phone

## Employment History

Employer (1)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for Leaving			
Employer (2)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for Leaving			
Employer (3)	Job Title	Dates Employed	
Work Phone	Starting Pay Rate	Ending Pay Rate	
Address	City	State	Zip
Reason for Leaving			

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature
Date	

## Pre-Employment Drug Testing Consent/Refusal Form

I, \_\_\_\_\_, understand that I must take and pass a drug test if I want to be hired by Bridges Inc.

I know I may refuse to take a test if I wish, but that my refusal will mean I will not be hired.

I understand that if I choose to be tested:

- I will have to provide a urine specimen at a facility chosen by Bridges Inc and cooperate in the facility's normal collection procedure.
- My specimen will be sent to a laboratory chosen by Bridges Inc and tested for marijuana, cocaine, opiates, PCP, amphetamines, alcohol and other substances.
- If the lab finds no evidence of such drugs or alcohol use in my urine, I will have passed the test (but will not have a right to be hired).
- If the lab finds evidence of drug use in my urine, a "Medical Review Officer" will make reasonable efforts to contact me to offer me an opportunity to rebut or explain my test results. If I rebut or explain the results to the satisfaction of the Medical Review Officer, I will be treated as if I have passed the test.
- If I do not satisfactorily rebut or explain any evidence of drug use, the Medical Review Officer will disclose my results to Bridges and I will not be hired.

After considering my options, I freely, knowingly and voluntarily decide to:

- ☐ Consent to any authorized testing (and release Bridges Inc., it's Medical Review Officer, clinic and laboratory and their agents from any liability that they might otherwise have for the actions I am authorizing.
- ☐ Refuse to be tested.

**Signed:** \_\_\_\_\_  
Applicant

**Date:** \_\_\_\_\_

### **AT WILL EMPLOYMENT POLICY**

In the event that the applicant agrees to accept a position with Bridges Inc, the applicant and Bridges Inc agree that the employment relationship between Bridges Inc and the employee is an at will relationship and that the employment relationship and compensation can be terminated with or without cause and with or without notice at any time, at the option of either the company or the employee.

**Signed:** \_\_\_\_\_  
Applicant

**Date:** \_\_\_\_\_

## AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

**The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:**

### RACE (check one)

- ☐ Hispanic or Latino
- ☐ White (not Hispanic or Latino)
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ Asian
- ☐ Native American or Alaska Native
- ☐ Two or more races

### GENDER

- ☐ Male
- ☐ Female

### HOW DID YOU HEAR ABOUT THIS POSITION?

- ☐ Employee Referral: \_\_\_\_\_  
(please list)
- ☐ Newspaper: \_\_\_\_\_  
(please list)
- ☐ Craigslist
- ☐ Workforce Agency