

BLB, INC.

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

The company does not discriminate on the basis of race, color, religion, national origin, sex, age, veteran status, disability which can be reasonably accommodated, sexual orientation and/or preference, marital status or any other status protected by law.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Position You Are Applying For

Today's Date: _____

Position Title: _____ Salary Requirement: _____ Referred By: _____

Are you seeking: Full-time Part-time Seasonal Employment? When are you available to start? _____

Personal Information

Name: _____
(Last) (First) (Middle)

List other name(s) under which you attended school or were employed: _____

Current Address: _____
(Street) (City) (State) (Zip)

Telephone: _____
(Daytime) (Evening)

If hired, can you furnish proof you are eligible to work in the U.S.? _____ Are you 16 years of age or older? yes no

Have you ever applied or were employed at Wembley USA before? yes no If yes, when? _____ Where? _____

Do you have any relatives working for Wembley USA? yes no If yes, list names and locations/departments. _____

Have you ever been convicted of any law violation, include any plea of guilty or no contest? Exclude minor traffic violations. yes no

If yes, explain: _____

A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying will be considered.

Education and Training

Type of School	Name	City, State	Years Completed	Degree	Course/Major Studies
High School					
College					
Graduate School					
Other Training					

List other qualifications and skills (e.g. Languages, machines/equipment, sales, activities, office machines, etc.) _____

List job-related organizations, clubs, professional societies or other associations to which you belong (omit those which indicate your race, religious creed, color, national origin.)

Employment History	
Employer	Job Title & Duties
Address	Dates of Employment (Month/Year) From To
City, State, Zip	Pay: Start \$ Final \$
Supervisor Telephone	Reason for Leaving
Employer	Job Title & Duties
Address	Dates of Employment (Month/Year) From To
City, State, Zip	Pay: Start \$ Final \$
Supervisor Telephone	Reason for Leaving
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Employer	Job Title & Duties
Address	Dates of Employment: (Month/Year) From To
City, State, Zip	Pay: Start \$ Final \$
Supervisor Telephone	Reason for Leaving

May we contact the employers listed above? ___ yes ___ no If no, indicate which: _____

References (not relatives or former employers)			
Name	Relationship	Daytime Phone	Evening Phone

Acknowledgement

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE, IF EMPLOYED. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand and by my signature, consent to these statements.

Signature:

Date: