



40429 Brickyard Drive ♦ Madera, CA 93636 ♦ (559) 438-5800 ♦ Fax (559) 438-5900
 www.bklighting.com ♦ www.tekaillumination.com

EMPLOYMENT APPLICATION

B-K Lighting, Inc. is an equal opportunity employer to all, regardless of age, ancestry, color, disability (mental and physical), exercising the right to family care and medical leave, gender, gender expression, gender identity, genetic information, marital status, medical condition, military or veteran status, national origin, political affiliation, race, religious creed, sex (includes pregnancy, childbirth, breastfeeding and related medical conditions), and sexual orientation.

Position(s) Applied For or Type of Work Desired:	Date of Application:
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Referral: _____
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Walk-In	

Last Name:	First Name:	Middle Name:
Street Address:	City:	State: Zip Code:
Telephone Number:	Email <i>(for contacting the applicant only)</i> :	

Have you ever applied to work for our organization? Yes No
 If yes, when? _____

Have you ever been previously employed by our organization? Yes No
 If yes, when? _____

Why are you applying for work at our organization? _____

When will you be available to start work and what hours are you available to work? _____

Type of employment desired? Full-time Part-time Temporary

Are you able to lift/move at least 40 pounds? Yes No

If no, please explain. _____

If hired, would you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age). Yes No

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

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests).

Education

	High School				College/University/Vocational				Graduate/Professional			
School Name and Location												
Years Completed	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Diploma/Degree												
Did you Graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No			

List professional, trade, business or civic activities and offices held.
(You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status).

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer		Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip		Telephone Number		
Job Title		Supervisor's Name and Title		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer		Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip		Telephone Number		
Job Title		Supervisor's Name and Title		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer		Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip		Telephone Number		
Job Title		Supervisor's Name and Title		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Employer		Dates Employed		Work Performed
		From	To	
Address				
City, State, Zip		Telephone Number		
Job Title		Supervisor's Name and Title		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Note: Attach additional page(s) if necessary).

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications. Please include any special training or skills that would benefit you in the job that you are applying for.

References

List below three persons not related to you who have knowledge of your work performance.

1. Full Name	Occupation	Telephone Number	
Address, City, State, & Zip Code	E-mail	Relationship to You	Years Known
2. Full Name	Occupation	Telephone Number	
Address, City, State, & Zip Code	E-mail	Relationship to You	Years Known
3. Full Name	Occupation	Telephone Number	
Address, City, State, & Zip Code	E-mail	Relationship to You	Years Known

In submitting this application and signing below, I understand that:

Any offer of employment is contingent upon the successful completion of a DRUG TEST.

I authorize **B-K Lighting, Inc. + TEKA Illumination, Inc.** to submit my information for a Department of Motor Vehicles report in order to be an additional company driver as required by their insurance company.

I authorize **B-K Lighting, Inc. + TEKA Illumination, Inc.** to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability **B-K Lighting, Inc. + TEKA Illumination, Inc.** and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing and that I seek employment under these conditions.

Applicant Signature: _____ Date: _____

Please complete and email Employment Application and Resume to: careers@bklighting.com