

Employment Application

If you filled out an online application, please let HR know before filling this out.

Please complete this application by typing or clearly printing. Fully and accurately complete all application questions, even if submitting your resume.

Name (Last)	(First)	(M.I.)
Address (Street)	(City)	(State) (Zip)
Telephone (Day)	(Evening)	Email address

Are you able to pass now and in the future drug and alcohol testing? ☐ Yes ☐ No ☐ Unknown

I attached or emailed a copy of your Employment Driving Record (EDR) ☐ Yes ☐ No
<https://dol.wa.gov/driver-licenses-and-permits/driving-records/get-your-driving-record>

Do you have the legal right to work in the U.S.? ☐ Yes ☐ No

Note: All employment offers are contingent upon proof of eligibility to work in the U.S.

If you are under 18 years of age, can you provide required proof of eligibility to work? ☐ Yes ☐ No ☐ N/A

Do you have a valid CDL license? ☐ No ☐ Yes Class: Endorsements:

Do you have a pesticide applicators license? ☐ No ☐ Yes License #: Endorsements:

Do you currently have a TWIC card? ☐ Yes ☐ No

If No, have you applied for your TWIC? ☐ Yes ☐ No If Yes, when did you apply? ___/___/20___

Do you have a High Hazard Facilities Worker Certification (HHT)? ☐ Yes ☐ No

Note: A lack of having High Hazard Training (HHT) will not necessarily preclude you from employment. Training and certification will be made available to you if hired.

Education				
Type of School	School & Location	Circle Yrs Completed	Degree/Certificate	Date of Completion
High School		9 th 10 th 11 th 12 th GED		
Technical School		1 2 3 4		
College or University		1 2 3 4		
Other Relevant Training or courses				

License/Registration/Certificate			
Description	State	Number	Expiration
Driver's License			



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752 Loomis Trail Rd., Lynden WA 98264



360-354-1134



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Work History

List experience which relates to this position. **Begin with your most recent experience.** List all jobs separately and identify gaps in employment. **A resume CAN substitute for the information required in this section as long as it is attached & includes ALL the information requested below.**

FROM: / /	JOB TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	PRIMARY DUTIES (if listed in an attached resume, check this box, please <input type="checkbox"/>):	
NAME & PHONE # OF LAST SUPERVISOR		ADDRESS (or location – if known):
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:
REASON FOR LEAVING:		

FROM: / /	JOB TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES (if listed in an attached resume, check this box, please <input type="checkbox"/>):	
NAME & PHONE # OF LAST SUPERVISOR		ADDRESS (or location – if known):
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:
REASON FOR LEAVING:		

FROM: / /	JOB TITLE:	EMPLOYER:
TO: / /	PRIMARY DUTIES (if listed in an attached resume, check this box, please <input type="checkbox"/>):	
NAME & PHONE # OF LAST SUPERVISOR		ADDRESS (or location – if known):
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No		PHONE:
REASON FOR LEAVING:		

As per Washington State Department of Labor & Industries: Have you ever been a Preferred Worker? ☐ Yes ☐ No

Notice to Applicants

Drug and Alcohol testing is a prerequisite for, and a condition of employment. BAI conducts pre-employment, post-accident, random and reasonable suspicion drug and alcohol testing.

I hereby certify that all statements made in this application and accompanying materials are true and I agree and understand that any misstatement or omission of material fact will cause forfeiture on my part of all rights of employment. I hereby authorize this company to solicit and receive information from my past employers and other references. I authorize both my present and all former employers to release information contained in my personnel files and other related information regarding my employment. I willingly, knowingly, and voluntarily agree to hold harmless and agree to waive any and all legal claims against this company for such inquiries and any individual providing employment information. Finally, I acknowledge that my employment is at-will, which means that either the employee or the company is free to terminate the employment relationship at any time, with or without reason, advance notice, or warning.

SIGNATURE: _____
(SIGNATURE REQUIRED FOR APPLICATION TO BE COMPLETE)

DATE: ____ / ____ / ____

This application will be valid for one calendar year only. If you are still interested in employment at that time, you will need to submit a new application.

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