bkm

Employment Application

EEO Statement: *Burdette, Koehler, Murphy & Associates, Inc. (BKM). is an equal opportunity employer and does not discriminate against any application for employment on the basis of race, color, religion, sex, age, national origin, veteran status, disability, sexual orientation; or on any other basis prohibited by law. It is BKM's intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.*

General Information

<table>
<tr><td colspan="2">Last Name:</td><td>Application Date:</td></tr>
<tr><td>First Name:</td><td>Middle Initial:</td><td>E-mail Address:</td></tr>
<tr><td colspan="2">Current Street Address:</td><td>Current Phone Number:</td></tr>
<tr><td colspan="2">Apt. or Unit #:</td><td>Cell Phone Number:</td></tr>
<tr><td>City:</td><td>State:</td><td>Zip Code:</td></tr>
<tr><td colspan="2">Permanent Street Address:</td><td>Apt. or Unit #</td></tr>
<tr><td>City:</td><td>State:</td><td>Zip Code:</td></tr>
<tr><td>Position Desired</td><td>Approximate
Start Date</td><td>Full-Time
Part-Time
Intern</td></tr>
<tr><td>Have you ever applied to BKM before?</td><td>If yes, when?</td><td>Are you authorized to work lawfully in the United States?</td></tr>
<tr><td>Have you ever worked at BKM before?</td><td>If yes, when?</td><td rowspan="3">Will you now or in the future require BKM to commence ("sponsor") an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called "sponsorship" for an employment-based visa status.</td></tr>
<tr><td colspan="2">How did you find out about BKM?</td></tr>
<tr><td colspan="2">If referred by a current BKM employee, please include that employee's name.</td></tr>
</table>

Note: Proof of citizenship or immigration status will be required upon employment.

Education / Training

High School	City & State	Major/Course of Study	Diploma/Degree & GPA

Did you graduate?	If yes, when (Month/Year):	If no, please list attendance dates:

Undergraduate College	City & State	Major/Course of Study	Degree & GPA

Did you graduate?	If yes, when (Month/Year):	If no, please list attendance dates:

Graduate Professional/Technical	City & State	Major/Course of Study	Degree & GPA

Did you graduate?	If yes, when (Month/Year):	If no, please list attendance dates:

List any specialized training, skills, scholastic honors/scholarships, and extra-curricular activities:

Internship Experience
(Attach an additional page if needed.)

Company				Phone	
Street					
City		State		Zip	

From (Month/Year)		To (Month/Year)	
Supervisor's Name		Supervisor's Title	

Responsibilities/Accomplishments/Contributions/Description of Duties:

May we contact this firm?	

References:

Please provide the names of three professional references who can best provide pertinent information as to your character and capabilities for the position you are applying or being considered for.

Name/Title:	Organization:	Relationship:	Telephone #:

Additional Questions:

Have you ever been convicted of any law violation excluding minor traffic violations? If yes, please explain:

Additional Qualifications:

Please identify any additional knowledge, skills, qualifications, awards, publications/theses, professional memberships, or military experience/training that would be helpful when considering your application for employment.

Applicant's Certification:

Applicant's Certification of Truthfulness and Understanding of "AT WILL" Employment

I hereby certify that all statements made in this application and in the pre-employment process are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation or omission of facts in my application or in the pre-employment process may result in rejection of my application, or termination of employment.

I understand an employee of BKM may make an investigation as to my character and general reputation. I authorize all current and past employers, schools, persons, and organizations having relevant information or knowledge to provide it to BKM for use in deciding whether or not to offer me employment. I hereby release BKM, its representatives and all such employers, schools, persons and organizations from all liability in making or responding to inquiries in connection with my application.

I understand that if an employment relationship is established, my employment can be terminated at any time, with or without cause or notice, at the option of either BKM or myself. I further understand that nothing contained in this application or in any other oral communication or representation from BKM or any BKM representative made at any time constitutes a contract, guarantee, promise or any other binding obligation on BKM.

Further, if granted a position with BKM, I will comply with all of BKM's policies and procedures, a copy of which will be provided on or before my first week of employment.

In signing this form, I certify that I understand all the questions and statements in this application.

Acknowledged: _____ _____

Signature of Applicant **Date**

EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least $50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender, race, disability status, and veteran status for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires Burdette, Koehler, Murphy & Associates, Inc. to determine this information by visual survey and/or other available information.

NAME: _____JOB TITLE: _____
DATE COMPLETED: _____

GENDER:
(Please check one of the options below)
_____Male
_____Female

RACE/ETHNICITY:
(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)
___Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
___White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
___Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
___Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
___Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
___Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
___Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
___I do not wish to disclose.

DISABILITY STATUS:
(You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. Disabilities include, but are not limited to:
* Alcohol/substance use disorder (not currently using drugs illegally) *Autoimmune disorder *Blindness or low vision * Cancer *Cardiovascular or heart disease *Celiac disease *Cerebral palsy *Deaf or serious difficulty hearing *Diabetes *Disfigurement *Epilepsy or other seizure disorder *Gastrointestinal disorder *Intellectual or developmental disability *Mental health conditions *Missing limbs or partially missing limbs *Mobility impairment *Nervous system condition *Neurodivergence *Partial or complete paralysis *Pulmonary or respiratory conditions *Short stature (dwarfism) *Traumatic brain injury
___Yes, I have a disability, or have had one in the past
___No, I do not have a disability and have not had one in the past
___I do not wish to answer

VETERAN STATUS:
“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.
___I identify as one or more of the classifications of protected veteran listed above
___I am not a protected veteran
___I do not wish to answer