BRICKSTONE
SOLUTIONS

Employment Application

Applicant Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____ **Social Security Number:** _____

Driver's License Number: _____ **State Issued:** _____

Current Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Emergency Contact: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

Equal Opportunity Employer

Brickstone Solutions is an Equal Opportunity Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, protected veteran status, or disability status. We celebrate diversity and are committed to creating an inclusive environment for all employees.

Position Applying For

Position Title: _____

Available Start Date: _____

Desired Pay Rate: _____

Employment Type Requested:

☐ Full-Time

☐ Part-Time

☐ PRN/As Needed

How did you hear about Brickstone Solutions?

☐ Employee Referral Name: _____

☐ Indeed

☐ Facebook

☐ Website

Employment Eligibility

Are you 18 years or older?

☐ Yes ☐ No

Are you legally authorized to work in the United States?

☐ Yes ☐ No

Will you now or in the future require sponsorship for employment visa status?

☐ Yes ☐ No

Have you ever worked for Brickstone Solutions before?

☐ Yes ☐ No

If yes, please provide dates and position: _____

Are you able to perform the essential duties of the position with or without reasonable accomodations?

☐ Yes ☐ No

If accomodations may be needed, please expain:

_____

_____

_____

Availability

Days Available	Are you available?	Hours
Monday	☐ Yes ☐ No	_____
Tuesday	☐ Yes ☐ No	_____
Wednesday	☐ Yes ☐ No	_____
Thursday	☐ Yes ☐ No	_____
Friday	☐ Yes ☐ No	_____
Saturday	☐ Yes ☐ No	_____
Sunday	☐ Yes ☐ No	_____

Are you willing to work overtime and weekends if needed?

☐ Yes ☐ No

Are you willing to travel to and from clients homes?

☐ Yes ☐ No

Do you have reliable, insurance-covered transporation?

☐ Yes ☐ No

Education

High School Name: _____

City/State: _____

☐ Diploma Received ☐ GED Received ☐ Did Not Graduate

College/Trade School/Certification Programs

School Name	Degree/ Certification	Dates Attended	Completed/ Graduated

Professional Licenses/Certifications

Certification/ License	License Number	Expiration Date

Employment History

Most Recent Employer

Company Name: _____

Supervisor Name: _____

Company Address: _____

Phone Number: _____ **Position Held:** _____

Dates Employed: _____

Starting Pay: _____ **Ending Pay:** _____

Job Duties: _____

_____

_____

Reason for Leaving: _____

_____

May we contact this employer? ☐ Yes ☐ No

Previous Employer

Company Name: _____

Supervisor Name: _____

Company Address: _____

Phone Number: _____ **Position Held:** _____

Dates Employed: _____

Starting Pay: _____ **Ending Pay:** _____

Job Duties: _____

_____

_____

Reason for Leaving: _____

_____

May we contact this employer? ☐ Yes ☐ No

Previous Employer

Company Name: _____

Supervisor Name: _____

Company Address: _____

Phone Number: _____ **Position Held:** _____

Dates Employed: _____

Starting Pay: _____ **Ending Pay:** _____

Job Duties: _____

_____

_____

Reason for Leaving: _____

_____

May we contact this employer? ☐ Yes ☐ No

Skills & Qualifications

Please list any skills, qualifications, software knowledge, trade experience, customer service experience, leadership experience, or additional training relevant to the position:

_____

_____

_____

Background Information

Have you ever been convicted of a felony or misdemeanor that has not been sealed or expunged?

☐ Yes ☐ No

If yes, please expain and include dates:

_____

_____

_____

Are any charges currently pending?

☐ Yes ☐ No

If yes, please expain and include dates:

_____

_____

_____

A ciminal conviction does not automatically disqualify an applicant from employment. Each situation will be reviewed individually in accordance with applicable law.

References

Professional Reference #1

Name: _____

Relationship: _____

Company: _____

Phone Number: _____ **Email:** _____

Professional Reference #2

Name: _____

Relationship: _____

Company: _____

Phone Number: _____ **Email:** _____

Professional Reference #3

Name: _____

Relationship: _____

Company: _____

Phone Number: _____ **Email:** _____

Applicant Statement & Authorization

I certify that the information provided in this employment application is true, complete, and accurate to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in disqualification from consideration or termination of employment if discovered after hire.

I authorize Brickstone Solutions to investigate my employment history, education, references, and qualifications for employment. I authorize former employers, schools, and references to release inforamtion related to my employment and qualifications.

I understand that Brickstone Solutions maintains a drug-free workplace and may require pre-employment, random, post-accident, reasonable suspicion, and return-to-duty drug and alcohol testing in accordance with company policy and applicable law.

I authorize Brickstone Solutions and its designated representatives to conduct criminal background checks, employment verification checks, reference checks, driving record checks, and drug and alcohol screenings as part of the hiring and continued employment process.

I understand that refusal to consent to required drug testing or background screening may result in disqualification from employment consideration or termination of employment.

I understand that any positive drug or alcohol screening, falsification of information, or failure to pass required screening standards may result in denial of employment or immediate termination if already employed.

I understand that Brickstone Solutions may require background checks, drug screenings, diving record checks, and verification of certifications or licenses depending on the position.

I acknowledge that any offer of employment may be contingent upon successful completion of all required screenings, verification processes, and onboarding documentation.

Drug Test & Background Check Consent

I hereby voluntarily consent to drug and alcohol testing and criminal background screening as part of the employment process with Brickstone Solutions.

I authorize Brickstone Solutions to obtain investigative consumer reports, criminal history records, driving records, employment verification, and other relevant screening information as permitted by law.

I understand that failure to cooperate with any requested screening process may disqualify me from employment consideration.

I certify that I have read and understand this consent and authorization.

Applicant Printed Name: _____

Signature: _____

Date: _____