



**BROOKSIDE EQUIPMENT SALES, INC.
EMPLOYMENT APPLICATION ACKNOWLEDGEMENT**

Welcome to Brookside Equipment Sales, Inc.! In order to be considered for employment you will need to complete the enclosed ***Application for Employment*** and sign the acknowledgement at the bottom of this letter. Please read this carefully before submitting your application.

Brookside Equipment Sales requires references from all applicants. Please complete and sign the enclosed ***Authorization to Release Information*** and return it along with your application.

Brookside Equipment Sales requires pre-employment drug tests and physicals for all new hires. If you are offered a position with Brookside Equipment Sales, you will be required to take the post-offer physical and drug screen at the health provider designated by Brookside Equipment Sales. The post-offer physical and drug screen will be paid for by Brookside Equipment Sales. However, should a follow-up visit or drug screen become necessary to verify eligibility for employment, subsequent visits will be at the applicant's expense.

Nothing in this application, or in any prior or subsequent written oral statements, creates a contract of employment. If hired by Brookside Equipment Sales, your employment will be at-will; and may be terminated at any time. You also have the right to end your employment at any time without cause or notice.

X

Applicant Signature

Printed Name

Date



APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE)(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____ SSN: _____

PRESENT ADDRESS
LAST FIRST MIDDLE

PHONE NO. STREET CITY STATE ZIP
ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES PLEASE EXPLAIN: _____

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO

EMPLOYMENT DESIRED

POSITION AVAILABLE DATE TO START SALARY DESIRED

NAME OF CURRENT EMPLOYER (N/A IF UNEMPLOYED) MAY WE CONTACT THEM? YES NO

HAVE YOU EVER APPLIED WITH BROOKSIDE BEFORE? YES NO WHEN? WHERE?

REFFERRED BY _____

| EDUCATION | SCHOOL NAME AND LOCATION | YEARS ATTENDED | DEGREE/CERTIFICATE EARNED | COURSE OF STUDY |
|---|--------------------------|----------------|---------------------------|-----------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | | | |
| TRADE, BUSINESS, OR CORRESPONDANCE SCHOOL | | | | |

GENERAL

SUBJECTS OF SPECIAL STUDY _____

SPECIAL SKILLS _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS _____

U.S. MILITARY OR NAVAL SERVICE YES NO BRANCH RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES YES NO



FORMER EMPLOYERS (List below the last four employers, starting with the most recent one first)

| EMPLOYMENT DATES MONTH & YEAR | PREVIOUS EMPLOYER NAME & ADDRESS | POSITION HELD | SALARY | SUPERVISOR NAME & PHONE NUMBER | REASON FOR LEAVING |
|----------------------------------|-------------------------------------|------------------|--------|-----------------------------------|--------------------|
| FROM | | | | | |
| TO | | | | | |
| FROM | | | | | |
| TO | | | | | |
| FROM | | | | | |
| TO | | | | | |
| FROM | | | | | |
| TO | | | | | |

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERANCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWS AT LEAST ONE YEAR

| NAME | PHONE NUMBER | BUSINESS | YEARS ACQUAINTED |
|------|--------------|----------|------------------|
| | | | |
| | | | |
| | | | |

IN CASE OF EMERGENCY NOTIFY:

NAME PHONE NUMBER RELATIONSHIP

"I CERTIFY THAT ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OR MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COM-PANY REPRESENTATIVE OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

X
APPLICANTS SIGNATURE

DATE



Dear Prospective Employee

Please Read

In 2009 the government initiated the American Recovery and Reinvestment act better known as the Stimulus Package. You are being asked for the following information to determine if your potential employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are interviewing with may be able to obtain certain valuable tax credits based upon your answers to the questions on the two attached documents. Please take your time and answer the questions carefully, completely, and accurately. This information is requested voluntarily you are not required to complete this questionnaire; however the information is required for your potential employer to receive the federal tax credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect your eligibility for employment or any benefits you or your family may currently be receiving. Your assistance is appreciated. Brookside Equipment Sales, Inc.

Sincerely,

Doris Bielowicz

Brookside Equipment Sales, Inc.

Paycom

Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by Client. Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs, or DMV of any state as to my eligibility for federal or state tax credit programs.

| | |
|---------------------------------------|---|
| Print Name: First _____ Last _____ | Social Security Number (last 4 digits only) XXX -- XX -- |
|---------------------------------------|---|

1. Are you at least age 16, but under age 40? Yes ___ No ___
If YES, enter your date of birth _____
2. Have you ever worked for this employer before? Yes ___ No ___
If Yes, enter last date of employment _____
3. Have you been unemployed or have not worked for anyone for more than 40 hours during the past 60-day period? Yes ___ No ___
4. Are you a Veteran of the U.S. Armed Forces? Yes ___ No ___
If NO, go to Question 5
If YES, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 15 months before you were hired? Yes ___ No ___
If YES, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.
OR, are you a veteran entitled to compensation for a service-connected disability? Yes ___ No ___
If Yes, were you discharged or released from active duty within a year before you were hired? Yes ___ No ___
OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes ___ No ___
5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired? Yes ___ No ___
OR, received SNAP for at least a 3-month period within the last 5 months Yes ___ No ___
But you are no longer receiving them? Yes ___ No ___
If YES to either question, enter name of *primary recipient* _____ and *city and state* where benefits were received _____
6. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ___ No ___
OR, by an Employment Network under the Ticket to Work Program? Yes ___ No ___
OR, by the Department of Veterans Affairs? Yes ___ No ___
7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes ___ No ___
OR, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes ___ No ___
OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes ___ No ___
If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes ___ No ___
If YES to any question, enter name of *primary recipient* _____ and the *city and state* where benefits were received _____
8. In the past 12 months, have you had a felony conviction, work release, or prison release? Yes ___ No ___
If YES, enter *date of conviction* _____ and *date of release* _____.
 Was it a Federal _____ or a State _____ conviction? (Check one)

9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes No

10. Are you an *Unemployed Veteran* who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes No

OR, were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes No

If YES, were you discharged or released from active duty at any time during the 5-year period ending on the hiring date? Yes No

If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes No

11. Are you at least 16 but under age 25? Yes No

If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes No

If YES, were you not regularly employed during that 6-month period? Yes No

If YES, were you not employable because you lacked basic skills? Yes No

12. If you lived in the area impacted by Hurricane Katrina on August 28, 2005, please enter the address, including county or parish and state where you lived at that time.

Street Address

City, State, Zip

County or Parish

Employer use only

Please send both pages of this Questionnaire, **both pages of the 8850 (with original signatures)**, supporting documentation to:
Paycom, ATTN: Tax Credit Dept.
7501 W Memorial Rd, MS # 150
Oklahoma City, OK 73142

This documentation is time sensitive and must be received by Paycom no later than 21 days from the new employee's start date to allow Paycom to time to review and submit the new employee's package to the State Workforce Agency. Request for certification does not guarantee approval.

Starting Wage \$ _____

Position Title _____

Hire Date _____

Start Date _____