

HUMAN RESOURCES



The Right Services
...to the Right People
...at the Right Time!®

A.W.A.R.E., Inc. BID FORM

Employee Data:

Name: _____ Date: _____

Home Address: _____

Home Phone: (____) _____

Position Applying for: _____

Location: _____ Shift: _____

Qualifications:

Current Position: _____ Location: _____

Length of employment with A.W.A.R.E., Inc.: _____

Education/Experience: _____

Training Certifications: *Training certifications must be current in order for the Human Resources Department to process your Bid Form. Please complete the information below.*

Training Title:	H.E.L.P.	Blood Bourne	CPR	
Expiration Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Training Title:	Fire Safety	Drivers Awareness	Medication	First Aid
Expiration Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attach any information pertinent to this position to this form. If additional space is needed, please write on the back of this form. **Please take note that your current supervisor's signature is required in order for the Human Resources Department to Process your Bid.**

Employee's Signature

Date

Current Supervisor's Signature

Date