



This supplemental form is to accompany Berry Mountain Enterprises, LLC's Application for Employment (form AEX050219). Complete this supplemental application in its' entirety. If this supplemental application is not fully completed, neither this supplemental application nor the main application (form AEX050219) will be looked at by Berry Mountain Enterprises, LLC or any of its divisions and you will not be considered for employment. After you complete this supplemental application, attach it to the main application (form AEX050219) and return it to any Berry Mountain Enterprises, LLC office location.

**Supplemental Application for Practical Business Information Technology Solutions (pBITS.net)**

**Section 1. Applicant's Basic Information Recap**

Last Name [ \_\_\_\_\_ ] First Name [ \_\_\_\_\_ ] MI [ \_\_\_\_\_ ]

Drivers License State/Number [ \_\_\_\_\_ ] SSN [ \_\_\_\_\_ ]

**Section 2. Job Position and Department**

What job position are you applying for? [ \_\_\_\_\_ ]

In what department are you applying? [ \_\_\_\_\_ ]

What days of the week/times are you available for work? [ \_\_\_\_\_ ]

What day, if employed, can you start work/training? [ \_\_\_\_\_ ]

**Section 3. Division Specific Questions**

Please list all degrees and certificates earned relevant to the position your are applying for.

Degree/Certificate [ \_\_\_\_\_ ] Date Earned[ \_\_\_\_\_ ]

Degree/Certificate [ \_\_\_\_\_ ] Date Earned[ \_\_\_\_\_ ]

Degree/Certificate [ \_\_\_\_\_ ] Date Earned[ \_\_\_\_\_ ]

Degree/Certificate [ \_\_\_\_\_ ] Date Earned[ \_\_\_\_\_ ]

Degree/Certificate [ \_\_\_\_\_ ] Date Earned[ \_\_\_\_\_ ]

Degree/Certificate Comments

[ \_\_\_\_\_ ]

[ \_\_\_\_\_ ]

[ \_\_\_\_\_ ]







**Section 5. Acknowledgement**

By signing below I certify that the facts and information contained in this application (and all supporting documentation) are true and complete to the best of my knowledge at the time of signing this application. I understand that, if employed, falsified statements on this application may result in discharge. I authorize investigation of all statements on this application (and all supporting documentation) for employment as may be necessary in arriving at an employment decision. I understand that, if employed, I am to abide by all rules, regulations and policies set forth in the current released revision of the Berry Mountain Enterprises, LLC Operations Manual.

Signature [ \_\_\_\_\_ ]      Date [ \_\_\_\_\_ ]

**DO NOT WRITE BELOW THIS LINE  
FOR OFFICE USE ONLY**

[ \_\_\_\_\_ ]  
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[ \_\_\_\_\_ ]