

Application for Employment



bosma enterprises
products • services • rehabilitation

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

PLEASE PRINT

Position(s) applied for _____ Date of application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other _____

Name of Source (if applicable) _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone Number () _____ Social Security Number _____

If necessary, best time to call you at home is _____ : _____
an
pm

May we contact you at work? _____ Yes No

If yes, work number and best time to call _____ () _____ : _____
an
pm

If you are under 18, can you furnish a work permit? _____ Yes No

Have you filed an application here before? _____ Yes No

If yes, give date _____ / ____ / ____

Have you ever been employed here before? _____ Yes No

If yes, give dates _____ From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? _____ Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work _____ / ____ / ____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? _____ Yes No

Will you relocate if job requires it? _____ Yes No Will you travel if job requires it? _____ Yes No

Are you able to meet the attendance requirements of the position? _____ Yes No

Will you work overtime if required? _____ Yes No

Have you ever been bonded? _____ Yes No

Have you been convicted of a felony in the last seven (7) years? _____ Yes No
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes, please explain _____

Driver's license number (if job-related) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer	Telephone ()	Dates Employed		Summarize the nature of the work performed and job responsibilities:
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Address				
Job Title		Hourly Rate/Salary		
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Immediate Supervisor and Title		\$	Per	
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		Final		
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Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications - Summarize any special training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying _____

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	Area Code ()	
	Area Code ()	
	Area Code ()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.) _____

List any additional information you would like us to consider. _____

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

Signature of Applicant _____ Date _____ / ____ / ____

G. Neil Companies assumes no responsibility for any decision the employer makes which may violate applicable state or federal law.



Call toll free 1-800-999-9111 to reorder Application for Employment #R4A-0501 C
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Printed in U.S.A. (2/94)



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I would like to be included under the company's affirmative action program (if applicable) pertaining to Armed Forces service medal veterans, recently separated veterans and other protected veterans. (You may request this now and/or at any time in the future.)

None of the above apply to me.

Disabled Veterans (APPLICANT: Only complete this section if the company has checked "Yes" below.) EMPLOYER: Indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting disabled veterans.

Yes. We invite applicants to provide information (on a voluntary basis) regarding their status as a "disabled veteran" for inclusion in our affirmative action program. Check this box ONLY if your company is actually undertaking affirmative action for disabled veterans at the application stage (pre-offer) or is otherwise authorized to collect such data to comply with federal, state or local affirmative action obligations pertaining to disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

APPLICANT:

If our company has checked "Yes" above, you are invited to provide additional information regarding your status as a "disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "disabled veteran" as:

- a) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a disabled veteran, please indicate whether you would like to be included under our company's affirmative action program for disabled veterans. You may elect to be included now or at any time in the future.

Yes. I would like to be included under the company's affirmative action program for disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)

No. At this time, I would not like to be included in the company's affirmative action program for disabled veterans.

If you are a disabled veteran, please tell us about any special methods, skills and procedures that qualify you for positions you otherwise might not be able to do because of your disability so you will be considered for any such positions.

Applicant's signature: _____

For Administrative Use

Position(s) applied for _____ Current opening No current opening

Other position(s) considered for _____

Hired? No Yes Hire date ____/____/____ Position hired for _____

Position classification

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive/senior-level officials and managers | <input type="checkbox"/> Administrative support workers | <input type="checkbox"/> Sales workers |
| <input type="checkbox"/> First/mid-level officials and managers | <input type="checkbox"/> Professionals | <input type="checkbox"/> Service workers |
| | <input type="checkbox"/> Operatives | <input type="checkbox"/> Technicians |
| | <input type="checkbox"/> Craft workers | <input type="checkbox"/> Laborers and helpers |

Additional notes _____

Completed by _____ Date ____/____/____