

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age national origin, disability or veteran status

You must be at least eighteen years of age to be eligible for employment.

PERSONAL	Last Name		First	Middle	Date
	Street Address				Home Phone ()
	Social Security #		Position Desired		Cell Phone ()
	Driver's License #				
	Circle Endorsements A B C D Other _____				
	Have you ever applied for employment with us? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Month and Year _____ Location _____				Pay Expected
	How did you hear about the company? I.e....newspaper, walk in, or referral _____ If you were referred: By whom _____ Relationship _____ Are they a current employee of Bo-Mac? <input type="checkbox"/> yes <input type="checkbox"/> no				
	Are you available for full-time work? <input type="checkbox"/> yes <input type="checkbox"/> no If not, what hours can you work? _____				Will you work overtime, if asked? <input type="checkbox"/> yes <input type="checkbox"/> no
	Are you eligible for employment in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no				When will you be available to begin Work? _____
	Other special training or skills (languages, machine operation, etc.)				

Applicant Name:

Last

First

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	Post Graduate				<input type="checkbox"/> yes <input type="checkbox"/> no	
	College				<input type="checkbox"/> yes <input type="checkbox"/> no	
	High				<input type="checkbox"/> yes <input type="checkbox"/> no	
	Other				<input type="checkbox"/> yes <input type="checkbox"/> no	

Middle

ADDRESS	List all locations where you have lived in the past 7 years			
	From _____	To _____	_____ City, County, State	
	From _____	To _____	_____ City, County, State	
	From _____	To _____	_____ City, County, State	
	From _____	To _____	_____ City, County, State	
	From _____	To _____	_____ City, County, State	

Date of Application:

