



Application For Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap

(PLEASE PRINT)

Date of Application _____

Positions(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employee Referral Employee Who Referred You _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone () _____ Social Security Number _____
Area Code

If employed and 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 date _____
Are You employed now? Yes No May we contact your present employer? Yes No
Are you a Citizen of the United States? Yes No
If not, do you possess an Alien Registration Card? Yes No Card Number _____

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship status
may be required upon employment.)

On what date would you be available for work? _____

Are you available to work Full Time Part Time Temporary
Are you willing to work overtime? Yes No

Minimum wage or salary desired _____

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

Have you ever been convicted, or are any charges now pending against you by federal law, state law, county or municipal law, regulation or ordinance?
Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35 or less was
imposed. All other convictions must be included even if they are pardoned. Yes _____ No _____. If YES, answer fully the reason convicted.
(The existence of a criminal record does not constitute an automatic bar to employment.)

Veteran of the U.S Military service? Yes No If Yes, Branch _____
 Date (Mo/Yr) Entered _____ Date (Mo/Yr) Discharged _____
 Highest Rank or Grade _____ Terminal Rank or Grade _____
 Military training or experience relevant to position desired _____

In case of accident or emergency, please notify:				
NAME	ADDRESS	RELATIONSHIP	DAY/TIME	PHONE NO.

PERSONAL REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers

Name	Street	Address		City	State	Zip	Telephone
		Apt. No					(Area Code)

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical or Mental Handicaps.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Employment Experience

List each job held.

Start with your present or last job. Include military service assignments and volunteer activities.

Exclude organization names which indicate race, color, religion, sex or national origin

<input type="checkbox"/> 1	Employer	Telephone ()	Dates Employed		Type of Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
	Supervisor				
Reason for Leaving					
<input type="checkbox"/> 2	Employer	Telephone ()	Dates Employed		Type of Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
	Supervisor				
Reason for Leaving					
<input type="checkbox"/> 3	Employer	Telephone ()	Dates Employed		Type of Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
	Supervisor				
Reason for Leaving					
<input type="checkbox"/> 4	Employer	Telephone ()	Dates Employed		Type of Work Performed
			From	To	
	Address				
	Job Title	Hourly Rate/Salary			
			Starting	Final	
	Supervisor				
Reason for Leaving					

Place a by the employer(s) you do not want us to contact.

(If you need additional space, please continue on a separate sheet of paper.)

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

Equipment Skills

Do you have knowledge of and have you operated any of the following items of equipment

Do you have a valid GA Drivers License?

Office Equipment Skills

Do you have knowledge of

Forklift Yes No _____ Number of Months

Light Truck Yes No _____ Number of Months

Heavy Truck Yes No _____ Number of Months

Yes No

Typing WPM _____

Memory/Word Processor Yes No CRT Yes No

Ten-Key Adding Yes No SPM _____

Education

	Elementary	High	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

Honors Received:

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) is considered sufficient cause for dismissal. I understand that information concerning past employment references and other facts are subject to inquiry. I understand also, that I am required to abide by all rules and regulations of Robert Bowden, Inc. and that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the Company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of Robert Bowden, Inc.

Signature of Applicant

Date

For Office Use Only

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