



is an Equal Opportunity Employer  
 Must complete ENTIRE application in order to be considered for employment

Date of Application: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

How were you referred to this facility?  Job Posting  Walk-In  Advertisement  
 Web Site  Employee If so, who: \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

Are you currently on "lay off" status and subject to recall?  Yes  No

Have you ever applied for employment with us before?  Yes  No  
 If yes, Month and Year: \_\_\_\_\_

Were you interviewed?  Yes  No By whom? \_\_\_\_\_

Have you worked for us before?  Yes  No Position held: \_\_\_\_\_  
 If yes, state approximate termination date: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Do you have relatives employed at any of our locations?  Yes  No  
 Name and Relationship: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No  
 License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Are you at least 17 years of age?  Yes  No

Are you applying for: Full Time Part Time Seasonal Temporary

Shift Preference: Days Evenings Nights Weekends No Preference

Days and hours available.							
Day	MON	TUES	WED	THURS	FRI	SAT	SUN
<b>FROM</b>							
<b>TO</b>							

Can you travel if the job requires it?  Yes  No

When can you begin work: \_\_\_\_\_

Personal

Have you ever been convicted of a criminal offense?  Yes  No

If yes, please explain offense and place of conviction. (a conviction will not necessarily disqualify an applicant)

\_\_\_\_\_

Legal

(List current or most recent position first)

Company Name		Telephone ( )
Street, City, State		Employed (List Month/Year) From To
Name of Supervisor	Your Job Title	Salary \$ Per
Describe Your Work		Reason for Leaving

  

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**Experience**

School	Name /Address of School	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you presently attending school? Yes No

When do you plan to graduate? \_\_\_\_\_

**Education**

Please provide business/professional references only (i.e. Boss, Supervisor, Colleague, etc.)

Name	Relationship to you:
City & State	Telephone ( )
Name	Relationship to you:
City & State	Telephone ( )
Name	Relationship to you:
City & State	Telephone ( )

**References**

Military

Service Branch	Date of Duty	Rank and Specialty:
Reserve Affiliation	Special Training Received:	

Skills

		Equipment Operated e.g. forklift	Skills suited for position
<input type="checkbox"/> Windows Applications	<input type="checkbox"/> Phone System	_____	_____
<input type="checkbox"/> Outlook	<input type="checkbox"/> Cash Register	_____	_____
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Credit Card Scanner	_____	_____
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Lottery/Powerball	_____	_____
<input type="checkbox"/> Email	<input type="checkbox"/> Cash Handling Experience	_____	_____

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Citizenship

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No  
*(proof of citizenship or immigration status will be required upon employment)*

Signature

### Applicant's Signature

I agree that all former employers, schools, and/or references may furnish Bosselman with all information regarding record of my service, education, character, and reason for leaving. I release all former employers, schools, and references from all liability for providing such information.

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.

This application for employment shall be considered active for a period of time not to exceed one (1) year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

Employees are treated during employment without regard to race, color, religion, sex, natural origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. I also understand that some positions require the examination of driving records and/or a physical examination prior to employment. Federal law obligates us to provide a reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process or to perform any essential elements of the position sought.

In the event of employment, I understand that false or misleading information given in my application or interview (may) result in discharge. I understand, also, that I am required to abide by all the rules and regulations of the employer.

\_\_\_\_\_

Signature of Applicant Date