



APPLICATION FOR EMPLOYMENT (Salaried)
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied For _____ Today's Date _____

Do you have the ability to perform the essential functions of this position? Yes No

Are you seeking: Full-time Part-time Temporary employment?

When could you start work? _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip Code _____

Are you 18 years of age or older?.....Yes No

Social Security Number _____
(If hired, can you furnish proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.?.....Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)?.....Yes No

If yes, give details _____

(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense, date and the job for which you are applying will be considered)

Are you now or do you expect to be engaged to any other business or employment?.....Yes No

If yes, please explain _____

EDUCATION

List Name and Address of Schools	Number of Years Completed	Diploma/ Degree Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ Subjects Studied: _____ _____		
Vocational or Technical: _____ _____ Subjects Studied _____ _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

For Driving Jobs Only: Do you have a valid drivers license?.....Yes No
Drivers License Number _____ Class of License _____
Have you had your driver's license suspended or revoked in the last 3 years?.....Yes No
If yes, give details _____

List professional, trade, business or civic activities and office held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

Name of Employer _____

Supervisor _____

Address _____

Employed From (mo/yr) ____ / ____ To (mo/yr) ____ / ____

City State Zip _____

Pay _____ Start \$ _____ Final \$ _____

Telephone _____

Reason for leaving _____

Title _____

Duties

Name of Employer _____

Supervisor _____

Address _____

Employed From (mo/yr) ____ / ____ To (mo/yr) ____ / ____

City State Zip _____

Pay _____ Start \$ _____ Final \$ _____

Telephone _____

Reason for leaving _____

Title _____

Duties

Name of Employer _____

Supervisor _____

Address _____

Employed From (mo/yr) ____ / ____ To (mo/yr) ____ / ____

City State Zip _____

Pay _____ Start \$ _____ Final \$ _____

Telephone _____

Reason for leaving _____

Title _____

Duties

REFERENCES

Have you worked or attended school under any other names?.....Yes No

If yes, give names:_____

Are you presently employed?.....Yes No

If yes, may we contact your present employer?.....Yes No

Have you ever been fired from a job or asked to resign?.....Yes No

If yes, please explain:_____

Give three references, not relatives or former employers.

Name	Address	Phone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature:_____ Date:_____



Voluntary Supplement to Employment Application

The information requested below is used by The Boggs Group only to maintain records required of employers doing business with the federal government. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH THE BOGGS GROUP.** If you do choose to answer these questions, any information supplied by you on this voluntary supplement will not affect your employment opportunities with The Boggs Group which is an equal employment opportunity employer.

Name: _____

Date of Application: _____

Job Applied For: _____

Choose ONE of the 7 options below:

Ethnicity: _____ Hispanic or Latino

Race: Other than Hispanic or Latino

_____ White/Caucasian _____ Black/African American

_____ Asian _____ Native Hawaiian/Pacific Islander

_____ American Indian or Alaskan Native

_____ Two or more races (other than Hispanic or Latino)

Sex: _____ Male _____ Female

_____ I do not wish to supply this information.