BOWMAN HANDLES, INC.

EMPLOYMENT APPLICATION AND RECORD Personal

Full Name (Mr., Mrs., Miss)		Telephone No			
AgeBirth Date_	Where Born_	_			
Address, Street NoCity			ty	State	
How Long At Present Address?Former Address					
S.S. NumberDrivers License No. and StateExpiration Date				Expiration Date	
Relative or Friend Thru Whom	You Can Always Be Reach	ed		 _	
	NAMES OF 2 N	NEAREST RELAT	TVES		
Name	Address		Relation		
Name	Address			Relation	
Married □ Single □ Divorc	ed □ Widowed □ N	_			
Graduated — Grammar School Special Training		•			
Military Service Record					
Were you in the U.S. Armed Fo	rces – Yes No If Y	es, What Branch?	<u> </u>		
What is Your Present Selective Service Classification?			?		
Present Membership in National Guard or Reserves					
	Em	ployment			
Name and Address of Last 5 Employess	Length of Employment	Monthly Salary	Type Work	Reason for Leaving	
	From To				
	From				
	From				
	To				
	To				

To

References (Not Relatives)

Name	Address		Occup	oation
Name	Address		Occup	oation
	Address			oation
	Сотр	ensation Record		
Have You Ever Been Inj	ured While Working?	When?		
While Employed by				
Amount of Compensatio	n Received	Kind of Injury		
Any Other Settlement O	ther Than Total Temporary Con	mpensation Paid?	How M	uch?
List of All Non-Occupati	ional Injuries			
Ever Retained an Attorn	ney to Represent You for an Inju	ry?	_(If yes, give details on	Comments Page)
Weight	HeightEver	Ruptured?	Amputations?	
Do You Wear Glasses?	Contact Lenses		Iard of Hearing?	
Any Physical Defects?	Heart Trouble?	Epilepsy?	Arthritis?	Diabetic?
Stroke?	Back Trouble?	High Blo	od Pressure?	
Drugs or Medication Tal	ken on a Regular Basis?	Reason		
Name of Doctor Last Tre	eating You or Giving Physical E	xamination (Give loca	ation, date and type of tr	reatment):
INCOME AS THE CONTRACT OF THE				
	Dr	iving Record		
Have You Been Convicte	ed of a Motor Vehicle Violation is	n Last 3 Years?	(Explain on	Comments Page)
Have You Been Convicte	d of DWI or Other Charge?			
Have You Ever Had You	r Drivers License Revoked?	What State?	(Exp	lain on Comments Page)
List Previous Vehicle Accaused. (Attach copy)	cidents in Last 3 Years. Give da	te, nature of each acc	ident and any fatalities	or personal injuries
Any Awards for Safe Driv	ving			
Diesel Tractor Experienc	e?Years	Gasoline Tra	actor Experience?	Years
Give Type Vehicle Exper	ience			

Comments						
XI						
	Accident Record					
Claim No.	Name of Injured	Date	Nature And Cause Of Accident	Lost Time		
1						
2						
3						
4			2 2 24 2 2 7 7 7 7 7 9 9 9 9			
5						
6				V7-		
7						
8	*					
9						
10						
Will you abide by the safety rules and regulations of this company and those of the occupational Safety and Health Act of 1970?(Yes or No)						
	s that this application was co f my knowledge.	ompleted by me and	d that all the entries on it, and information in it are	true and correct		
I have been made aware that my application for employment will be processed as quickly as possible. I am also aware that a routine inquiry may be made during the initial or subsequent processing that will provide applicable information concerning character, general reputation, personal characteristics and mode of living in accordance with Public Law 91-508, and upon written request, additional information as to the nature and scope of inquiry, if one, is made, will be provided.						
I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.						
Signature_	SignatureDate					



Consent to Perform Criminal History/Background Check In Compliance with the FCRA (Fair Credit Reporting Act)

Last Name	First Name		Middle Name or Initial		
-					
Maiden or other name(s) used in any and all other records of	birth or records of reside	nce.		
*Address	Apartment or	#			
City	County	State	Zip		
**Date of Birth	Social Security Number	**Gender	**Race		
**TO BE USED FOR C	ORIGINAL APPLICATION RIMINAL HISTORY CHECKS ONLY A				
I,, am an applicant for employment / volunteerism withBowman Handles, Inc. Company and have been advised that as a part of the application process, the company conducts a criminal history background check. I do hereby consent to the company use of any information provided during the application process in performing the criminal history check. The company has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment / volunteerism. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of the company. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information.					
The following are my re	esponses to questions about my crimin	al history (if any).			
1YesNo Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors). If yes, please provide details below.					
_State:	County:	Date of Offense;			
Details of Conviction:					
2YesNo Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? If yes, please provide details below.					
State:	County:	Date of Offense:			
Details of Offense:					
			he S		

State:	County:	D	ete of Offense:	1 1	
Details of Supervision	n:				
					
4 Yes No F	Have you ever been convic	ted of any criminal offe	nse in a country (outside the iu	risdictio
the United States?		iod of any official one	noo ni a ooanay t	oatolao ato ja	
If yes, please provide	details below.				
Country:	City:	D	ate of Offense:		
Details of Conviction:					
_		(c			
		1143-2			
	As of the date of this conse	nt form, do you have a	ny pending charg	es against yo	u?
If yes, please provide	details below.				
State:	County:	Da	te of Arrest	1 1	1
Details of Dending Ob					
Details of Pending Ch	narges:				
		COUNTIES AND STAT	S OF RESIDEN	ICE SINCE H	IGH
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REFERENCE RELEASE FORM

Signing the disclosure statement below allows us to check your references, which will only be done when we deem it necessary to further the placement process or to verify information you have given us. Reference information is always kept in the strictest professional confidence.

Please provide us with the names, telephone numbers, and titles of three business references. Briefly describe your relationship to these references. If you are working, we realize in most cases you cannot use your current supervisor as a reference. Supervisors from a previous employer are acceptable, as are trusted peers in your current company.

DISCLOSURE STATEMENT

Title	Lunderstand that Rowman Handles Inc	may conduct a reference che	ck. This reference may include information
understand this statement, and hereby authorize Bowman Handles, Inc. to obtain a reference check as described above Name (please print) Address City, State, Zip Phone (day) Evening Personal e-mail Signature Date Reference 1 Name Title Company Phone Dates Worked: From To Supervisor To Supervisor To Supervisor To Supervisor To Reason for Leaving Reference 3 Reference 3 Kame Title Company Phone Dates Worked: From To Supervisor To Supervisor To Supervisor To Supervisor To Supervisor To To Supervisor To S			
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Address City, State, Zip Phone (day)	understand this statement, and hereby authorize	Bowman Handles, Inc.	to obtain a reference check as described above
Address City, State, Zip Phone (day)	Name (please print)		
City, State, Zip			
Personal e-mail Signature Date Reference I Name Title Company Phone Dates Worked: From To Supervisor Reason for Leaving Reference 2 Name Title Company Phone Dates Worked: From To Supervisor Reason for Leaving Phone Dates Worked: From To Supervisor Reason for Leaving Reference 3 Name Title Company Phone Dates Worked: From To Supervisor Reason for Leaving Reference 3 Name Title Company Phone Dates Worked: From To Supervisor Reason for Leaving Reference 3		10	
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Name			
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Supervisor			
	Reason for Leaving		