

BOWMAN HANDLES, INC.

EMPLOYMENT APPLICATION AND RECORD Personal

Full Name (Mr., Mrs., Miss) _____ Telephone No. _____

Age _____ Birth Date _____ Where Born _____

Address, Street No. _____ City _____ State _____

How Long At Present Address? _____ Former Address _____

S.S. Number _____ Drivers License No. and State _____ Expiration Date _____

Relative or Friend Thru Whom You Can Always Be Reached _____

NAMES OF 2 NEAREST RELATIVES

Name _____ Address _____ Relation _____

Name _____ Address _____ Relation _____

Married Single Divorced Widowed Number of Dependents _____

Education

Graduated — Grammar School High School College or University

Special Training _____

Military Service Record

Were you in the U.S. Armed Forces — Yes ___ No ___ If Yes, What Branch? _____

What is Your Present Selective Service Classification? _____ Rank at Discharge? _____

Present Membership in National Guard or Reserves _____

Employment

Name and Address of Last 5 Employers	Length of Employment	Monthly Salary	Type Work	Reason for Leaving
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			

References (Not Relatives)

Name _____ Address _____ Occupation _____

Name _____ Address _____ Occupation _____

Name _____ Address _____ Occupation _____

Compensation Record

Have You Ever Been Injured While Working? _____ When? _____

While Employed by _____

Amount of Compensation Received _____ Kind of Injury _____

Any Other Settlement Other Than Total Temporary Compensation Paid? _____ How Much? _____

List of All Non-Occupational Injuries _____

Ever Retained an Attorney to Represent You for an Injury? _____ (If yes, give details on Comments Page)

Weight _____ Height _____ Ever Ruptured? _____ Amputations? _____

Do You Wear Glasses? _____ Contact Lenses _____ Hard of Hearing? _____

Any Physical Defects? _____ Heart Trouble? _____ Epilepsy? _____ Arthritis? _____ Diabetic? _____

Stroke? _____ Back Trouble? _____ High Blood Pressure? _____

Drugs or Medication Taken on a Regular Basis? _____ Reason _____

Name of Doctor Last Treating You or Giving Physical Examination (Give location, date and type of treatment): _____

Driving Record

Have You Been Convicted of a Motor Vehicle Violation in Last 3 Years? _____ (Explain on Comments Page)

Have You Been Convicted of DWI or Other Charge? _____

Have You Ever Had Your Drivers License Revoked? _____ What State? _____ (Explain on Comments Page)

List Previous Vehicle Accidents in Last 3 Years. Give date, nature of each accident and any fatalities or personal injuries caused. (Attach copy)

Any Awards for Safe Driving? _____

Diesel Tractor Experience? _____ Years _____ Gasoline Tractor Experience? _____ Years _____

Give Type Vehicle Experience _____

3. Yes No Have you ever received probation or community supervision for any federal, state or municipal offense?
If yes, please provide details below.

State: _____ County: _____ Date of Offense: ____/____/____

Details of Supervision: _____

4. Yes No Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?
If yes, please provide details below.

Country: _____ City: _____ Date of Offense: ____/____/____

Details of Conviction: _____

5. Yes No As of the date of this consent form, do you have any pending charges against you?
If yes, please provide details below.

State: _____ County: _____ Date of Arrest: ____/____/____

Details of Pending Charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT, AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE I UNDERSTAND THAT GROUNDS FOR CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT/VOLUNTEERISM WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE COMPANY.

Signed this _____ day of _____, 20____

APPLICANT (PRINT NAME) _____

APPLICANT'S SIGNATURE _____

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

I understand that Bowman Handles, Inc. may conduct a reference check. This reference may include information regarding character, work record, general knowledge, capabilities, and reputation. I hereby acknowledge that I have read and 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 _____

Reason for Leaving _____

Reference 2

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 _____