



Application For Employment

(Please print plainly in ink)

Position Applied For: _____

Part-Time: _____ Full Time: _____

Wage Requirements: _____

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

NAME: _____

HOME ADDRESS: _____

HOME PHONE: () _____

CELL PHONE () _____

SOCIAL SECURITY NUMBER _____

If hired, can you furnish proof you are eligible to work in the US?

Yes ___ No ___

Are you 16 years of age or older? Yes ___ No ___ (If you are hired you may be required to submit proof of age.)

Can you perform the essential functions of the job for which you have applied? Yes ___ No ___

Do you currently have charges pending, are you under indictment for or have you ever been convicted of a felony or misdemeanor by a civilian or military court including deferred adjudication? Yes ___ No ___

(If yes, this does not necessarily mean your application will be denied)

Please comment: _____

RECORD OF EDUCATION

High School name and location: _____

Number of years attended: _____

Graduated: Yes ___ No ___ GED ___

College name and location: _____

Number of years attended: _____

Graduated: Yes ___ No ___ GED ___

Other name and location: _____

Number of years attended: _____

Graduated: Yes ___ No ___ GED ___

AVAILABILITY

Total Hours available per week: _____

Hours Available

Monday From _____ To _____

Tuesday From _____ To _____

Wednesday From _____ To _____

Thursday From _____ To _____

Friday From _____ To _____

Saturday From _____ To _____

Sunday From _____ To _____

Do you have reliable transportation? _____

Yes ___ No ___

WORK HISTORY

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Dates of employment: From: _____ To: _____

Name of Supervisor: _____

Phone: _____

Position/Duties: _____

Reasons for leaving: _____

Hourly pay: Starting _____ Finish _____

References _____

Name: _____ Phone: _____

WORK HISTORY

Employer's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Dates of employment: From: _____ To: _____

Name of Supervisor: _____

Phone: _____

Position/Duties: _____

Reasons for leaving: _____

Hourly pay: Starting _____ Finish _____

References _____

Name: _____ Phone: _____

I certify that all information which I have provided in this Application for Employment is true and correct and I understand that if any of the information is determined to be false, even if the determination is made years later, it may result in my immediate discharge from employment and forfeiture of related benefits with Bo's. I understand that any omission of material fact during the employment process will be grounds for termination or the end of the employment process.

I authorize investigation of any and all statements contained in the application for my employment as may be necessary in arriving at an employment decision.

Bo's may seek to verify the information provided in this Application for Employment. By signing below, I authorize Bo's, its parent subsidiaries, affiliates and any of its (their) employees or agents to contact the persons, organizations, personal references that I have listed and to discuss my character, general reputation and general background with them.

I also release Bo's and all of the persons, organizations and their agents who are contacted by Bo's for this purpose, from any and all claims, of any kind or nature, which may arise now or in the future from or in any way connected with the process of verifying the information I have provided.

I agree that, if I am employed, I will abide by all the rules and regulations of the company. I understand that the taking of drug and alcohol tests, when given pursuant to company policy, are a condition of continued employment and refusal to take such tests when asked will be grounds for immediate termination. I further understand that nobody in the Company is authorized to enter into any written or verbal employment contracts with me, for any definite period of time, without the express written consent of the President of the Company. I also understand that my employment is "at will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Applicant's Signature:

Date:

(Only complete if age 18 and over)

BACKGROUND CHECK RELEASE

ALL INFORMATION MUST BE PRINTED

NAME _____	MAIDEN _____
ADDRESS _____	CTY,ST,ZIP _____
PREVIOUS _____	CTY,ST,ZIP _____
SS# _____	ISSUING STATE _____
CITY/STATE OF BIRTH _____	DRIVER'S LICENSE OR STATE ID _____
	COUNTY _____
	YRS _____
	COUNTY _____
	YRS _____
	DOB _____
	STATE _____

I HEREBY AUTHORIZE THE RELEASE TO GENERAL INFORMATION SERVICES, INC., AN INDEPENDENT CONTRACT INVESTIGATIVE AGENCY, INFORMATION HELD BY PARTIES REGARDING MY PREVIOUS EMPLOYMENT, CONVICTION, HISTORY, CREDIT HISTORY, DRIVING RECORD, EDUCATION OR DEGREES EARNED AND HEREBY RELEASE ANY PROVIDERS OF SUCH INFORMATION FROM LIABILITY FOR PROVIDING SAME. I UNDERSTAND THAT INFORMATION MAY BE REVIEWED INITIALLY AND PERIODICALLY BY GENERAL INFORMATION SERVICES AND MAY BE REPORTED TO MY PROSPECTIVE EMPLOYER PRIOR TO OR DURING ACTUAL EMPLOYMENT.

I UNDERSTAND THE INFORMATION IS TO BE UTILIZED AS A PART OF THE EMPLOYMENT PROCESS ONLY. I ALSO AUTHORIZE INVESTIGATION INTO MY WORKER'S COMPENSATION CLAIM HISTORY IF CONDITIONAL, OFFER OF EMPLOYMENT IS MADE TO ME IN COMPLIANCE WITH ADA GUIDELINES SO AS TO ASSURE I AM NOT BEING OFFERED A POSITION WHICH COULD AGGRAVATE A PREVIOUS INJURY.

I HEREBY ACKNOWLEDGE THAT GENERAL INFORMATION SERVICES, INC. IS RELYING ON THIRD PARTY INFORMATION AND CANNOT VOUCH FOR THE ACCURACY OF ANY SUCH INFORMATION AND THEREFORE, RELEASE GENERAL INFORMATION SERVICES, INC. ITS AGENTS, MY EMPLOYER OR PROSPECTIVE EMPLOYER AND ITS AGENTS FROM ANY AND ALL LIABILITY ARISING OUT OF ANY ERRORS OR OMISSIONS REGARDING THE INVESTIGATION INTO MY BACKGROUND AND AUTHORIZE GENERAL INFORMATION SERVICES, INC. TO PROCEED WITH THE INVESTIGATION AND RELEASE THE RESULTS.

SIGNATURE:

DATE:
