

# BOWMAN PERSONNEL, LLC

919 Winton Road South Suite 103 • Rochester, NY 14618 • (585) 242-0427

PLEASE FILL OUT IN DETAIL-TYPE OR PRINT CLEARLY-READ STATEMENT BELOW AND SIGN

LAST NAME			FIRST			MIDDLE			POSITION DESIRED			DATE OF APPLICATION					
STREET ADDRESS			1ST CHOICE			2ND CHOICE			WILL YOU RELOCATE?			IF YES, WHERE?					
CITY			STATE			ZIP			SALARY DESIRED			WILL YOU TRAVEL?			IF YES, HOW MUCH?		
HOME PHONE		BUSINESS PHONE		2ND PHONE		DOES YOUR PRESENT EMPLOYER KNOW YOU ARE SEEKING CHANGE?			HOW DID YOU HEAR OF US?			MEDICAL: ARE THERE ANY JOB DUTIES YOU CANNOT PERFORM BECAUSE OF A MENTAL OR MEDICAL DISABILITY _____? IF YES, PLEASE DESCRIBE:					
OWN HOME <input type="checkbox"/>		PARENT <input type="checkbox"/>		ARE YOU BONDABLE?		U.S. CITIZEN?			IF NOT, VISA STATUS								
RENT <input type="checkbox"/>		BOARD <input type="checkbox"/>		OWN CAR? YEAR MAKE FOR YOUR USE?		ARE YOU A FORMER APPLICANT? IF YES, WHEN? NAME USED:											
<b>EDUCATION</b>																	
HIGH SCHOOL				CITY-STATE				NO. OF YEARS ATTENDED?		COURSE				DID YOU GRADUATE?			
COLLEGE								NO. OF YEARS ATTENDED?		DEGREE:		MAJOR:		DID YOU GRADUATE?			
										MINOR:							
HIGHER EDUCATION OR SPECIAL TRAINING-NAME OF SCHOOL, COURSE, DEGREE OR CERTIFICATE											E-MAIL						
<b>SKILLS</b>																	
WPM TYPING		WPM STENO		WORD PROCESSING-PC-SOFTWARE-DICTATING-DATA ENTRY-OTHER						FOREIGN LANGUAGES							
<b>WORK EXPERIENCE</b>																	
DATES MO/YR.	EMPLOYER AND ADDRESS (PRESENT TO MOST RECENT)				TYPE OF BUSINESS		POSITION HELD AND YOUR SUPERVISOR			EXACT INCOME		REASON FOR LEAVING					
FROM:	1.						POSITION			\$							
TO:							SUPERVISOR			\$							
FROM:	2.									\$							
TO:										\$							
FROM:	3.									\$							
TO:										\$							
FROM:	4.									\$							
TO:										\$							
FROM:	5.									\$							
TO:										\$							

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by No. which, one(s) you do not wish us to contact \_\_\_\_\_

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial credit record through any investigative or credit agencies or bureaus of your choice. In an investigative consumer report, information is obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made. **(A COPY OF THIS STATEMENT IS AVAILABLE TO ME UPON MY REQUEST.)**

\_\_\_\_\_  
SIGNATURE OF APPLICANT