



Bohmora@Bohmora.Com

APPLICATION FOR EMPLOYMENT

PERSONNEL

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin handicap veteran status or any condition prescribed by state or local law.

PERSONAL INFORMATION

Last Name	First	Middle	Today's Date
Street Address			Daytime Phone Number ()
City, State, Zip			Evening Phone Number ()
Position Applying For			Cell Phone Number ()
Are you at least 18 years old?			Email Address
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year			How often do you check your email?
What hours are you able to work? Are you able to work weekends?			Social Security #
Do you have your own transportation? If no, how would you get to work?			When will you be available to begin work?
Have you ever worked for Bohmora, Inc. before? / Location			Will you work overtime if asked?
Were you referred by a current Bohmora employee? If yes please provide employee's name			
Have you ever been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full			

EDUCATION

School	Name & Location of School	Course of Study	No. of Years Completed	Year Graduated	Degree or Diploma
College					
Business/ Trade/ Technical					
High School					

REFERENCES Business references: (do not list relatives)

NAME	COMPLETE ADDRESS	PHONE #	TITLE	YEARS KNOWN

BOHMORA, INC believes that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws.

APPLICANT'S SIGNATURE

Please read and understand this statement before signing application:

This information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has the authority to enter into any employment agreement.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENT.

DATE _____ APPLICANT SIGNATURE _____