

Bob the Bug Man, LLC

Application for Employment

FULL NAME _____ SOCIAL SECURITY NO. _____ - _____ - _____

DATE OF BIRTH _____ PHONE NO: _____

CURRENT ADDRESS: _____

	STREET	CITY	STATE	ZIP
LAST 3 YEARS	_____	_____	_____	_____
:	STREET	CITY	STATE	ZIP
:	_____	_____	_____	_____
:	STREET	CITY	STATE	ZIP
:	_____	_____	_____	_____
:	STREET	CITY	STATE	ZIP

POSITION APPLYING FOR: _____

ARE YOU EMPLOYED: _____ WHEN WILL YOU BE AVAILABLE: _____

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS?
 NO _____ YES _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? _____ NO _____ YES
 If yes please disclosure

DRIVER'S LICENSE INFORMATION (This information will be verified)

VALID DRIVER'S LICENSE NUMBER _____ STATE _____ EXPIRATION _____

LICENSE TYPE (CDL CLASS A, ETC) _____

HAS YOUR LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE EVER BEEN DENIED, REVOKED, OR SUSPENDED?
 NO _____ YES _____

IF YES, PLEASE EXPLAIN REASON:

EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING:

ACCIDENT RECORD LAST THREE YEARS

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC)	NO OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL VEHICLE

TRAFFIC CONVICTIONS AND FORFEITURES (Other than parking) LAST THREE YEARS(This information will be verified)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE	PERSONAL VEHICLE

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EMPLOYMENT HISTORY

LAST EMPLOYER:

NAME: _____ PHONE _____

ADDRESS _____

SUPERVISOR'S NAME _____
Street City State Zip

FROM _____ TO _____ POSITION _____ REASON FOR LEAVING _____
MO/YR MO/YR

2ND TO LAST EMPLOYER:

NAME: _____ PHONE _____

ADDRESS _____

SUPERVISOR'S NAME _____
Street City State Zip

FROM _____ TO _____ POSITION _____ REASON FOR LEAVING _____
MO/YR MO/YR

3RD TO LAST EMPLOYER:

NAME: _____ PHONE _____

ADDRESS _____

SUPERVISOR'S NAME _____
Street City State Zip

FROM _____ TO _____ POSITION _____ REASON FOR LEAVING _____
MO/YR MO/YR

NOTICE TO APPLICANT

CAN YOU PERFORM THE FUNCTIONS DESCRIBED IN THE JOB DESCRIPTION? _____

PLEASE EXPLAIN HOW, WITH OR WITHOUT REASONABLE ACCOMODATION, YOU WILL BE ABLE TO PERFORM THOSE FUNCTIONS;

Date

Applicant's signature

Bob the Bug Man, LLC
6698 Buckridge Ct NE
Rochester, MN 55906