



Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) applied for _____ Date of application ___/___/___

Referral Source			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee Name _____	<input type="checkbox"/> Relative _____	<input type="checkbox"/> Private Employment Agency _____
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Other _____	<input type="checkbox"/> Government Employment Agency _____	

Name _____
LAST FIRST MIDDLE SOCIAL SECURITY NUMBER

Address _____
STREET CITY STATE ZIP

Telephone # _____ Other Phone# _____ E-mail _____

If necessary, what is the best way to reach you? _____ What time? AM PM

May we contact you at work? YES NO If yes, work number and best time to call? _____ AM PM

Driver's license number if driving is an essential job function? _____ State _____

If you are younger than 18 years of age and it is required, can you furnish a work permit? YES NO

If no, please explain _____
 YES

Have you submitted an application before? NO If yes, give position(s) and dates _____

Have you ever been employed by this company before? YES NO If yes, give position(s) and dates _____

Are you eligible for employment in this country? YES NO. Date available for work? ___/___/___

What is your desired salary range? \$_____ Type of employment desired? Full-Time Temporary Educational Part-Time Seasonal Co-op

Type of work schedule interested in? (Check all that apply.) Days (1st Shift) Evenings (2nd Shift) Overtime Weekends

Will you relocate if position requires it? YES NO. Will you travel if the position requires it? YES NO.

Have you ever been bonded? YES NO. Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? YES NO. If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO CONSIDERATION.

EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE / SALARY - STARTING		
		\$	PER	
IMMEDIATE SUPERVISOR AND TITLE		HOURLY RATE / SALARY - FINISHING		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	
REASON FOR LEAVING?				

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE / SALARY - STARTING		
		\$	PER	
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REASON FOR LEAVING?				

COMMENTS (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT) _____

SKILLS AND QUALIFICATIONS

List any technical and skilled trade areas that you have experience in: _____

List all the machines and equipment you have operated: _____

List any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying: _____

EDUCATIONAL BACKGROUND (IF JOB RELATED)

(A.) List last **three** schools attended, starting with the most recent. **(B.)** List number of years completed. **(C.)** Indicate degree, diploma or certification earned, if any. **(D.)** Grade Point Average or Class Rank. **(E.)** Major field of study (if applicable).

(A.) SCHOOL	(B.) NUMBER YEARS COMPLETE	(C.) DEGREE/DIPLOMA	(D.) GPA/CLASS RANK	(E.) MAJOR	(E.) MINOR

REFERENCES

List names and telephone numbers of **three** business/work references who are not related to you and are not previous supervisors. If not applicable, list **three** school or personal references who are not related to you.

NAME	ADDRESS	TELEPHONE	#/YRS. KNOWN
		()	
		()	
		()	

ADDITIONAL INFORMATION

List professional, trade, business or civic associations and any offices held. (EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.)

ORGANIZATION	OFFICE HELD

List special accomplishments, publications, awards, etc. (EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.) _____

List any additional information you would like us to consider. _____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Date: ____ / ____ / ____

APPLICANTS SIGNATURE



5115 Ulmerton Road • Clearwater, FL 33760-4004 • Phone: (727) 384-2323 • Fax: (727) 803-8504
E-mail: hr@boviemed.com • Website: <http://www.boviemed.com>

AN EQUAL OPPORTUNITY EMPLOYER

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

CURRENT AS OF 10/97

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

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APPLICANT INFORMATION

Name _____
LAST FIRST MIDDLE TELEPHONE
Address _____
STREET CITY STATE ZIP
 Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different races) |
- THIS IDENTIFICATION GROUP IS RECOGNIZED ONLY IN THE STATE OF MICHIGAN

FOR ADMINISTRATIVE USE ONLY

Position(s) applied for Available Not Available

Other positions considered for: _____ Hired: YES NO

Position hired for _____ Date of hire ____/____/____

From the EEO job classification listed below, which one best describes the position filled?

- | | | |
|--|--|--|
| <input type="checkbox"/> Officers and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives (semi-skilled) |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Office and Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

NOTES: _____

Completed by: _____ Date ____/____/____