

# 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:

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### 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:

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### 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

**2<sup>ND</sup> TO LAST EMPLOYER:**

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_  
Street City State Zip

FROM \_\_\_\_\_ TO \_\_\_\_\_ POSITION \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_  
MO/YR MO/YR

**3<sup>RD</sup> 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