

BOWIE PRODUCE COMPANY, INC.

2020 BEAVER ROAD, LANDOVER, MD 20785

301.583.7500 OFFICE

301.583.7604 FAX

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING EMPLOYMENT DECISIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

NAME: _____
LAST FIRST MI

CURRENT ADDRESS _____

PHONE _____ MOBILE PHONE _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

DRIVER'S LICENSE # _____ (REQUIRED FOR DRIVERS)
(REQUIRED FOR DRIVERS)

POSITION (S) APPLIED FOR _____ DATE _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? _____ EMP AUTH # _____

CAN YOU PROVIDE PROOF OF AGE? _____ (REQUIRED FOR DRIVERS)

HAVE YOU WORKED FOR BOWIE PRODUCE BEFORE? _____ WHEN? _____

WHO REFERRED YOU? _____ PHONE # _____

ARE YOU NOW EMPLOYED? _____ IF NOT, HOW LONG SINCE LAST EMPLOYED? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE LAST 7 YEARS? _____ YES _____ NO

IF YES, PLEASE EXPLAIN (A CONVICTION WILL NOT AUTOMATICALLY BAR EMPLOYMENT): _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____

PHONE #: _____ RELATIONSHIP: _____

EDUCATION

NUMBER OF YEARS

AREA OF STUDY,

NAME OF SCHOOL

COMPLETED

MAJOR AND DEGREE

HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR ADDITIONAL SCHOOLS			

FOR OFFICE USE ONLY:

HIRE DATE: _____ RATE OF PAY: _____

START DATE: _____ W4 INFO _____

POSITION: _____ EMPLOYEE CODE: _____

DEPARTMENT: _____ SUPERVISOR'S SIGNATURE: _____

EMPLOYMENT HISTORY

PROVIDE ALL EMPLOYMENT INFORMATION FOR YOUR PAST 3 EMPLOYERS STARTING WITH THE MOST RECENT

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE #	REASON FOR LEAVING	

OTHER SKILLS AND QUALIFICATIONS

SUMMARIZE ANY JOB-RELATED TRAINING, SKILLS, LICENSES, CERTIFICATES, AND/OR OTHER QUALIFICATIONS: _____

DRIVER APPLICANTS ONLY

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS – OTHER THAN PARKING VIOLATIONS (ATTACH SHEET IF MORE SPACE IS NEEDED)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE #	TYPE	EXPIRATION DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? _____ YES _____ NO

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? _____ YES _____ NO

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN,TANK,FLAT,ETC)	DATES		APPROX # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI TRAILER				
TRACTOR - TWO TRAILERS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHAT SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

ALL APPLICANTS

NOTICE: SCREENING TESTS FOR ALCOHOL AND ILLEGAL DRUG USE MAY BE REQUIRED BEFORE HIRING AND DURING YOUR EMPLOYMENT HERE.

TO BE READ AND SIGNED BY APPLICANT

I HEREBY AUTHORIZE THE POTENTIAL EMPLOYER TO CONTACT, OBTAIN, AND VERIFY THE ACCURACY OF INFORMATION CONTAINED IN THIS APPLICATION FROM ALL PREVIOUS EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND REFERENCES. I ALSO HEREBY RELEASE FROM LIABILITY THE POTENTIAL EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING, AND USING SUCH INFORMATION TO MAKE EMPLOYMENT DECISIONS AND ALL OTHER PERSONS OR ORGANIZATIONS FOR PROVIDING SUCH INFORMATION.

I UNDERSTAND THAT ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE TERMINATION OF EMPLOYMENT IF I AM EMPLOYED, WHENEVER IT MAY BE DISCOVERED.

I UNDERSTAND THAT (1) THE COMPANY HAS A DRUG AND ALCOHOL POLICY THAT PROVIDES FOR PREEMPLOYMENT TESTING AS WELL AS TESTING AFTER EMPLOYMENT; (2) CONSENT TO AND COMPLIANCE WITH SUCH POLICY IS A CONDITION OF MY EMPLOYMENT; AND (3) CONTINUED EMPLOYMENT IS BASED ON THE SUCCESSFUL PASSING OF TESTING UNDER SUCH POLICY. I FURTHER UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL PASSING OF JOB-RELATED PHYSICAL EXAMINATIONS.

IF I AM EMPLOYED, I ACKNOWLEDGE THAT THERE IS NO SPECIFIED LENGTH OF EMPLOYMENT AND THAT THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT. ACCORDINGLY, EITHER I OR THE EMPLOYER CAN TERMINATE THE RELATIONSHIP AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, SO LONG AS THERE IS NO VIOLATION OF APPLICABLE FEDERAL OR STATE LAW. THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, BY THE COMPANY. I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS.

I UNDERSTAND THAT IT IS THE POLICY OF THIS ORGANIZATION NOT TO REFUSE TO HIRE OR OTHERWISE DISCRIMINATE AGAINST A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR A REASONABLE ACCOMMODATION AS REQUIRED BY THE ADA.

I UNDERSTAND THAT IF I AM EMPLOYED, I WILL BE REQUIRED TO PROVIDE SATISFACTORY PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION WITHIN 3 DAYS OF BEING HIRED. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME SHALL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT.

I REPRESENT AND WARRANT THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING, AND THAT I SEEK EMPLOYMENT UNDER THESE CONDITIONS.

APPLICANT SIGNATURE _____

DATE _____