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APPLICATION FOR EMPLOYMENT

Please print or type. Complete all questions and sign on page 5.
“SEE RESUME” is not a sufficient response to any question.

Last Name		First	Middle	Date of Application
Street Address				Home Telephone
City, State, Zip Code				Work Telephone
Position Desired	Date Available	Salary Desired	Social Security Number	
Type of Employment Desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Proof of U.S. citizenship or immigration status will be required upon employment.		

EDUCATION

Level	Name and Location of School	Diploma or Degree (Credits Earned if No Degree)	Attendance Dates		Major
			From Mo/Yr	To Mo/Yr	
High School					
Business, Trade or Technical*					
College*					
Graduate School*					
Other*					

*If degree was received under a name other than that listed on this application, please provide your full name at the time the degree was awarded:

Degree: _____ Name At Time Earned: _____

Scholastic Achievements:



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SKILLS AND QUALIFICATIONS

Summarize specific skills and qualifications acquired from employment or other experiences that are related to the position for which you are applying (e.g., computer skills, software applications, and foreign languages):

EMPLOYMENT HISTORY

Please provide a COMPLETE employment history, even if a resume is submitted with this application. List ALL employers, assignments, or volunteer activities that are relevant to the job for which you are applying, starting with the most recent, including military employment. Explain any gaps in employment in the "Comments" section below. Please use the "Employment History Continuation Sheet" if additional space is needed.

(1) Present/Most Recent Employer Telephone		Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hourly Rate/Salary		
<input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving or why you are considering leaving?		\$	per	
If currently employed, may we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(2) Next Previous Employer Telephone		Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Hourly Rate		
<input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	



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EMPLOYMENT HISTORY CONT.

(3) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment		Hourly Rate		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	

(4) Next Previous Employer	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From Mo/Yr	To Mo/Yr	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	per	
Type of Employment		Hourly Rate		
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Other		Final		
Reason for leaving?		\$	per	

COMMENTS (including explanation of any gaps in employment):

REFERENCES

List 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	Telephone	Years Known	In what capacity did this person observe you or your work?



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SPECIAL ACCOMPLISHMENTS, PUBLICATIONS AND AWARDS

Exclude information that would reveal sex, race, religion, national origin, age, color, or disability.

OTHER INFORMATION

Have you ever been convicted of, or are you now under charges for, any misdemeanor or felony offense? Omit (1) traffic fines, (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law, (3) any conviction the record of which has been expunged under federal or state law, and (4) any conviction set aside under the Federal Youth Corrections Act or similar authority. (A yes response will not necessarily disqualify you from employment.) [] Yes [] No
If checked yes, please explain below.

If you have ever been granted a security clearance by any government agency, indicate the level of clearance, when granted, and by whom?

Have you ever had a security clearance suspended, denied, or revoked? [] Yes [] No

Are you bound by any non-solicitation/non-compete agreement? [] Yes [] No

Have you ever been employed by any of the Bo Essentials LLC companies? [] Yes [] No
If yes, when? Where?

Are any relatives or friends currently employed at any of the Bo Essentials LLC companies? [] Yes [] No
Name of employee(s) Business unit where employed

What prompted your application to Bo Essentials? Ad _____ Friend _____
(Please indicate name of ad/friend) Bo Essentials Employee _____ Other _____

PLEASE REVIEW APPLICATION CAREFULLY. WE WILL NOT CONSIDER THIS APPLICATION IF NOT COMPLETED IN FULL.

PLEASE READ THE FOLLOWING AND SIGN THE APPLICATION IN THE SPACES PROVIDED BELOW. IF YOU HAVE ANY QUESTIONS, PLEASE SPEAK WITH THE HUMAN RESOURCES REPRESENTATIVE BEFORE SIGNING.

I understand that employment by Bo Essentials LLC International and any of its companies is "at will." This means that the employment relationship can be ended by me or by Bo Essentials LLC at any time for any reason with or without advanced notice and with or without cause. It also means that Bo Essentials LLC may revise and make exceptions to its policies, practices, handbooks, manuals, rules, procedures, and regulations, in whole or in part, at any time. I further understand that acceptance of an offer of employment does not create a contractual obligation upon Bo Essentials LLC to continue to employ me in the future or for any specific term. Notwithstanding the above, I understand that no representative of Bo Essentials LLC, except the president, has any authority to enter into any agreement of employment for a definite term. Any such agreement must be in writing and signed by the president.

If employed by Bo Essentials LLC, I agree to comply with all safety and health rules, company policies and procedures, and local, state, and federal laws pertaining to my employment. Although management makes every effort to accommodate individual preferences, organizational needs may make the following conditions mandatory: overtime, rotating work schedule, or a work schedule other than Monday through Friday or normal business hours. I understand and accept these as conditions of my employment should I be hired.

I have reviewed this application carefully and I hereby affirm that my statements and answers to all questions on this application are true and correct and that I have not knowingly withheld any fact or circumstance that, if disclosed, would affect my application unfavorably. I understand that any misstatement or omission of fact on this application may result in my application not being considered, and, if employed, may result in my immediate dismissal.

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS:

Signature of Applicant _____

Date _____



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INVESTIGATION AUTHORIZATION

By signing below, I hereby authorize Bo Essentials LLC to conduct an investigative report and/or reference check concerning all statements contained in my application for employment; to interview all employers, references, and other individuals and institutions to obtain information and opinions about me; and to conduct any other investigation that it deems appropriate. Such investigation may include but is not limited to my education, employment history (except my current employer if I have so indicated above), character, general reputation, driving record, credit history, and criminal record. In the event that I am employed by Bo Essentials LLC, I hereby authorize Bo Essentials LLC to answer any inquires regarding my employment, conduct, qualifications, and reasons for leaving.

I understand that I have the right to request Bo Essentials LLC to disclose to me, completely and accurately, the nature and scope of the investigation. (Such a request must be made in writing to the human resources department within a reasonable time after you have completed and signed this authorization.)

In exchange for being considered for employment, I hereby release Bo Essentials LLC, its employees, and agents, as well as any law enforcement agency, current or former employer, educational institution, credit agency, or any other individual providing information about me to Bo Essentials LLC, from any liability arising from disclosure of such information that is obtained during said investigation.

Signature of Applicant

Date

FOR MARYLAND APPLICANTS ONLY

Under Maryland law, an employer may not require or demand any applicant for employment to undergo a lie detector or similar test as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.00.

Signature of Applicant

Date



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Bo Essentials LLC is required by federal law to maintain certain information pertaining to applicants for employment. This information is **voluntary** and for record-keeping purposes only and **will not** affect any employment decisions.

Please mark the appropriate box:

Male Female

EEO Group Status:

White (Non-Hispanic) Black (Non-Hispanic) Asian

Hispanic/Latino - white only (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, **and** of the White race).

Hispanic/Latino - all other races (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, **and** of any race other than White)

American Indian or Alaskan Native Native Hawaiian or Pacific Islander

If you are an individual with a disability, a disabled veteran, veteran of the Vietnam Era or any other eligible veteran* (see below for definition) please check the appropriate box(es) below. Employees who identify themselves as such will be asked to provide additional information so that we can comply with the applicable laws.

*Other eligible veteran means veterans who served in the military, ground, naval or air service of the US on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

I claim status as:

Individual with a Disability Disabled Veteran

Vietnam Era Veteran (Dates of service: _____ to _____)

Other Eligible Veteran

Signature

Date