



Asphalt Paving and Excavation

DON E. BOWER, INC.

Quality Workmanship

1206 Salem Blvd.
Berwick, PA 18603

Email: debower@donebowerinc.com

Phone: (570) 759-1362
Fax: (570) 759-2412

APPLICATION FOR EMPLOYMENT

Date: _____

Personal Information

Social Security #: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip Code

Phone No: _____ Cell No: _____ Referred By: _____

Have you ever been convicted of or charged with a felony or misdemeanor? ____ Yes ____ No (If yes please explain details in full, including dates, details or offense(s) charged, jurisdiction and disposition of case.)

Drivers License: ____ Yes ____ No

Class: A B C

Endorsements: N P T X

Employment Desired

Position: _____ Start: _____ Salary Desired: _____

Are you currently employed? _____ May we inquire of your present employer? _____

Have you ever applied to Don E. Bower, Inc. before? _____ Where? _____ When? _____

<i>Education</i>	<i>Name & Location of School</i>	<i>Yrs Attended</i>	<i>Subjects Studied</i>
Grammar School			
High School			
College			
Trade/Bus. School			

Subjects of Special Study or research:

Activities: Civic, Athletic, Etc.:

Don E. Bower, Inc. is an equal opportunity employer. It is the policy of this Company to assure job applicants and employees are treated without regard to their race, religion, sex, age, color, or national origin. Such treatment shall extend to: Employment, promotion, demotion or transfers; Recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on the job training.

CONTINUED ON OTHER SIDE

Former Employers (List below the last 4 employers, starting with the last one first.)

Month / Yr.	Name & Address of Employer	Salary	Position
Reason for Leaving			
Month / Yr.	Name & Address of Employer	Salary	Position
Reason for Leaving			
Month / Yr.	Name & Address of Employer	Salary	Position
Reason for Leaving			
Month / Yr.	Name & Address of Employer	Salary	Position
Reason for Leaving			

References: (Give below the names of three persons not related to you, whom you have known at least one year.)

Name	Address	Phone No.	Business	Yrs. Known

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I am aware this application may be discarded after 6 months.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date: _____

Remarks: _____

Drivers License: Y / N Class: A B C Endorsements: N P T X

Position: _____ Salary / Wages: _____

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, and other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name:		
Address:		
City:	State:	Zip
Social Security No.		
Current Job		
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran: Y / N	
Check One of the following: (Ethnic Origin)		
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian / Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Other	<input type="checkbox"/> Asian / Pacific Islander

Please ensure this form is detached from original application. (Keep in EEO File)