

**BONEAL Enterprise Application for Employment**

Doc. No.: HR-R-01

Rev. No.: 17-01

Date: 2/16/17

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**APPLICATION FOR EMPLOYMENT**

*BONEAL is an equal opportunity employer and welcomes applications from all qualified applicants regardless of race, color, religion, sex, age, national origin, disability, status as a smoker or non-smoker, and veteran status.*

**GENERAL**

NAME (LAST, FIRST, M)		DATE
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)	PHONE NUMBER	MOBILE OR OTHER PHONE
PERMANENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		
REFERRED BY		
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR WORK VISA?		
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?		
IF YES, EXPLAIN? (HOW MANY CONVICTIONS, NATURE OF OFFENSE(S), HOW RECENTLY, SENTENCED AND TYPE OF REHABILITATION)		

**POSITION**

POSITION APPLYING FOR	DATE AVAILABLE	SALARY EXPECTED	FULL TIME/PART TIME
ARE YOU EMPLOYED NOW?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER WORK FOR THIS COMPANY OR AFFILIATES?	WHERE?	WHEN?	
WHAT SHIFTS ARE YOU ABLE TO WORK? (CHECK ALL THAT APPLY)	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>

**EDUCATION**

	NAME	ADDRESS	YEARS ATTENDED	DATE GRADUATED	SUBJECT OF STUDY
HIGH SCHOOL					
TECHNICAL OR BUSINESS					
COLLEGE					

LIST OTHER AREAS OF SPECIAL STUDIES OR CERTIFICATIONS: (EXP: CDL, FORK LIFT CERTIFICATION, ECT.....)

**MILITARY SERVICE RECORD**

WERE YOU IN THE US ARMED FORCES?	IF YES, WHAT BRANCH	RANK
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## REFERENCES

NAME /TITLE	ADDRESS	PHONE NUMBER
1		
2		
3		

## EMPLOYMENT HISTORY

START DATE	END DATE	NAME AND ADDRESS OF EMPLOYER	WAGE	POSITION/TITLE	REASON FOR LEAVING
1					
SUPERVISOR:		PHONE : ( )			
2					
SUPERVISOR:		PHONE: ( )			
3					
SUPERVISOR:		PHONE: ( )			
4					
SUPERVISOR:		PHONE: ( )			

## IN CASE OF AN EMERGENCY NOTIFY

NAME	ADDRESS	PHONE NO.	RELATIONSHIP
1			
2			
3			

## AUTHORIZATION

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 UNDERSTAND THAT IF I AM HIRED, I AM EXPECTED TO BE AT MY JOB EACH DAY AND TO BE ON TIME. I UNDERSTAND THAT I MUST LEARN MY JOB AND GET ALONG WITH MY CO-WORKERS.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

REMARKS: \_\_\_\_\_

**NOTE:** Pre-employment physical with Drug Screening is required.  
 Before hiring drivers, completion of Driving Record Check Is mandatory.  
 Submit request To HR Department. Completed: Yes  No



## Self-Identify Gender and Ethnicity Form

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### INVITATION TO SELF-IDENTIFY

BONEAL is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, BONEAL invites both employees and job applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

It would assist us if you would provide the following information:

PRINT NAME : \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_


I DO NOT WISH TO SELF-IDENTIFY

GENDER (check one):                      MALE                      FEMALE

RACE/ETHNIC ORIGIN (check all that apply):

- White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Submission of this information is completely voluntary and refusal to provide it will not subject you to any adverse treatment. Your participation is greatly appreciated.

	<b>Self-Identify Veteran and Disability Status</b>	
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## Veteran and Disability Self-Identify Status Form

Boneal is subject to certain governmental recordkeeping and reporting requirements. In order to comply with federal regulations, Boneal invites both employees and job applicants to voluntarily self-identify their Veteran or Disability status.

- |   |                   |
|---|-------------------|
| <input type="checkbox"/> Disabled Veteran                   | PRINT NAME: _____ |
| <input type="checkbox"/> Recently Separated Veteran         |                   |
| <input type="checkbox"/> Other Protected Veteran            | SIGNATURE: _____  |
| <input type="checkbox"/> Armed Forces Service Medal Veteran |                   |
| <input type="checkbox"/> Are you a Disabled Individual      | DATE: _____       |
| <input type="checkbox"/> None of the Above                  |                   |
| <input type="checkbox"/> I do not wish to Self-Identify     |                   |

If you are in any category, please mark the appropriate box, sign and date. If you are unsure of your Veteran or Disability Status, please refer to the definitions below. If none apply, mark "None of the Above". Boneal will report the Veteran Status of all Boneal employees using federal VETS-100 documents.

Submission of this information is voluntary. Refusal to self-identify will not result in any adverse treatment. Information will only be used in ways authorized by federal law. Information submitted will be kept confidential. Your participation is greatly appreciated.

### DEFINITIONS:

- "Disabled veteran" refers to a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Secretary of Defense, or was discharged or released from active duty because of a service-connected disability.
- "Recently separated veteran" refers to any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.
- "Other protected veteran" refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.
- "Armed Forces service medal veteran" refers to any person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 FR 1209).