

# Application for Employment

Bowen's Bus Service, Inc. Phone 715-362-3996  
1940 River St / POBox 43 6428 Black Lk Rd  
Rhineland, WI 54501 / McNaughton, WI 54543

Name \_\_\_\_\_  
First, Middle, Last

Address \_\_\_\_\_  
Street City State Zip How Long?

Phone \_\_\_\_\_

Address(es) 1. \_\_\_\_\_  
Street City State Zip How Long?

for the past 2. \_\_\_\_\_  
Street City State Zip How Long?

Three years 3. \_\_\_\_\_  
Street City State Zip How Long?

What position are you applying for? \_\_\_\_\_

What pay range are you looking for? \_\_\_\_\_

## EMPLOYMENT RECORD (Attach sheet if more space is needed)

Note: Show ALL employment for the past TEN(10) years.

Last Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_

Second Last Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_

Third Last Employer: Name \_\_\_\_\_  
Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_ Position Held \_\_\_\_\_  
Reason(s) for leaving \_\_\_\_\_

Per Sec. 391.23(i)(1), you have the following rights regarding the investigative information obtained from previous employers:

- (i) The right to review information provided by previous employers;
- (ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

### To be read and signed by Applicant

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY FALSIFICATIONS OR OMISSIONS ARE GROUNDS FOR FAILURE TO HIRE OR FOR TERMINATION. WE WILL ONLY ACCEPT APPLICATIONS THAT ARE COMPLETE. IF ADDITIONAL INFORMATION, NOT ASKED FOR ON THE APPLICATION, IS SUBMITTED IT MAY BE CAUSE FOR REJECTION OF THE APPLICATION.

Today's Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Complete Both Sides

## Information Release and Search Authorization

In connection with your employment or application with Bowen's Bus Service, Inc. (hereinafter "COMPANY"), we may, upon execution of this authorization, investigate the information contained in this form, your application and other relevant background information to determine whether you are a suitable candidate for employment. The purpose of this information is to determine current & future employment eligibility.

If you do not authorize COMPANY to conduct your background investigation, you will not be considered for employment. If so, your application may be withdrawn, if applicable.

I hereby empower an employee of the Bowen's Bus Service Inc or other authorized representative bearing this release to obtain information and records pertaining to me from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies including, but not limited to driving and criminal records
2. Any place of business (for purposes of obtaining employment data)
3. Any previous employer
4. Present employer
5. Any office, clinic, sanitarium or hospital where illnesses, injuries and/or deterioration (physical and/or mental in nature) are diagnosed and treated.

I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with.

Exceptions to this authorization:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Current full name \_\_\_\_\_

Prior full name \_\_\_\_\_

Current address \_\_\_\_\_

Driver's license # and State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

### Acknowledgement and Authorization

I acknowledge receipt of this investigation authorization, as set forth above, and certify that I have read and understand these disclosures. I authorize the COMPANY or its representative to obtain a driving record report as defined under applicable state and federal law or other background information used in connection with the COMPANY consideration of me for employment, now and as needed in the future. I acknowledge that a telephonic facsimile, scanned image or copy of this release shall be valid as the original. To the maximum extent permitted by law, this authorization is valid for all federal, state, county and local agencies and authorities. I understand I have the right to make a written request within a reasonable period of time (not to exceed 30 days) after receipt of this notice for complete and accurate disclosure of information concerning the nature and scope of the investigation.

I certify all my answers on this Authorization are true and complete. I understand that the falsification, omission of misrepresentation of fact on this Authorization (or any other accompanying or required documents) may be cause for denial of employment or immediate termination of employment, if hired, regardless of when or how discovered.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

Complete both sides