

## Personal Information

Last Name: ..... Middle Initial: ..... First Name: .....  
Address: ..... City: .....  
State: ..... Postal Code: ..... Home Phone #: .....  
Alternate Telephone #: ..... E-mail: .....  
Have you worked at a warehouse before:  No  Yes if yes, which warehouse: ..... If yes,  
note dates: .....

## Position

Position applying for: .....  Seasonal /Temporary .....  
Are you interested in:  Part Time (Min. of 20 hrs. per week)  Peak Time (Less than 20 hrs. per week)  
How did you learn about this opportunity?  
.....

## Availability

Date available to start (dd/mm/yyyy): .....  
.....  
*Indicate when you are available to be scheduled (specify a.m. or p.m.). Due to the nature of our business, the more available you are, the more opportunities we can consider you for.*

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
From							
To							
Overnight yes/no							

## Education *Tell us the highest or equivalent level completed*

Institution Type	Completion	Type of Certification/Diploma/Degree Received
High School Year Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Post-Secondary	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

## Reference Check Consent

*Please provide at least 2 work-related references Bogard Staffing may contact in the spaces below. List most recent employers, managers, supervisors only.*

**DO NOT list family and friends.**

**Supervisor's Name:** ..... **Position Title:** .....  
**Name of Company:** ..... **Address:** .....  
**Can we contact them:** ..... **Phone Number:** ..... **You're Position:** .....  
**Date of Employment:** ..... **Reason for Leaving:** .....  
**Duties:** .....

**Supervisor's Name:** ..... **Position Title:** .....  
**Name of Company:** ..... **Address:** .....  
**Can we contact them:** ..... **Phone Number:** ..... **You're Position:** .....  
**Date of Employment:** ..... **Reason for Leaving:** .....  
**Duties:** .....

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or if employed my dismissal for just cause. Bogard Staffing, Inc. may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies and doctors to supply all information concerning my background. On the first day of employment I agree to provide Bogard Staffing, Inc. proof of my age (as required for company benefit plans and similar administration), Social Number and appropriate credentials as may be required.

I understand that the first 3 months of active service will be probationary during which time my employment may be terminated without notice of termination of employment or pay in lieu thereof.

**Candidate's name (Please print):** .....

**Candidate's Signature:** ..... **Date:** .....