

**EMPLOYMENT APPLICATION**  
**BOUGALIS INC**  
 800 GREYHOUND BLVD  
 HIBBING MN 55746  
 PHONE: (218) 362-8415 FAX: (218) 362-8416



**APPLICANT INFORMATION**

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Date Available				Social Security No.			Desired Salary			
Position Applied for										
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?					
Do you have a valid driver's license?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	What class license?					
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain					

**EDUCATION**

High School				Address						
From	To	Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree			
College				Address						
From	To	Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree			
Other				Address						
From	To	Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree			

**REFERENCES**

*Please list three professional references.*

Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										
Full Name				Relationship						
Company				Phone						
Address										

**PREVIOUS EMPLOYMENT**

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**ADDITIONAL INFORMATION AND SKILLS** (Please list equipment operated or any specialized skills)

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**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, martial or veteran status, or any other legally protected status.  
**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**