



**Böttcher America Corporation**

**EMPLOYMENT APPLICATION (Answer All Questions – Please Print)  
AN EQUAL OPPORTUNITY EMPLOYER M/F**

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Applied For \_\_\_\_\_

**Referral Source:**

- Advertisement
- Employment Agency
- Friend
- Relative
- Böttcher America Corporation Employee \_\_\_\_\_
- Other \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last Middle First

Address \_\_\_\_\_  
Street City State Zip

Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Are you known to schools or references by any other name? Yes or No  
If “Yes,” by what name? \_\_\_\_\_

Have you filed an application or been employed at Böttcher America Corporation before? Yes or No  
If “Yes,” please give date(s). \_\_\_\_\_

Location Preferences \_\_\_\_\_ Salary Expectations \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes or No

Do any of your friends or relatives work here? Yes or No  
If “Yes,” please list name(s) \_\_\_\_\_

Are you under 18? Yes or No  
If “Yes,” do you have a work permit? Yes or No

Have you ever been convicted of a felony? Yes or No (answering “yes” will not exclude you from  
employment consideration.)  
If “Yes,” describe in full, including date(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Böttcher America Corporation is an Equal Opportunity Employer and will consider all applicants for all positions without regard to race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans with Disabilities Act.

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# Employment Experience

List each job held. **START WITH YOUR PRESENT OR LAST JOB.** Include military service assignments and volunteer activities. Account for all time including periods of unemployment.

1.	2.	3.
Employer:	Employer:	Employer:
Phone # ( ) _____ - _____	Phone # ( ) _____ - _____	Phone # ( ) _____ - _____
Street Address:	Street Address:	Street Address:
City & State:	City & State:	City & State:
Job Title:	Job Title:	Job Title:
Supervisor:	Supervisor:	Supervisor:
Dates: From:            To:	Dates: From:            To:	Dates: From:            To:
Hourly/Salary Rate: Starting: Final:	Hourly/Salary Rate: Starting: Final:	Hourly/Salary Rate: Starting: Final:
Work Performed:	Work Performed:	Work Performed:
Reason for Leaving:	Reason for Leaving:	Reason for Leaving:
4.	5.	6.
Employer:	Employer:	Employer:
Phone # ( ) _____ - _____	Phone # ( ) _____ - _____	Phone # ( ) _____ - _____
Street Address:	Street Address:	Street Address:
City & State:	City & State:	City & State:
Job Title:	Job Title:	Job Title:
Supervisor:	Supervisor:	Supervisor:
Dates: From:            To:	Dates: From:            To:	Dates: From:            To:
Hourly/Salary Rate: Starting: Final:	Hourly/Salary Rate: Starting: Final:	Hourly/Salary Rate: Starting: Final:
Work Performed:	Work Performed:	Work Performed:
Reason for Leaving:	Reason for Leaving:	Reason for Leaving:

If you have any disciplinary problems with any previous employer, please describe the facts and circumstances. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Other Experience or Skills

Describe experience and/or skills not presented or covered in the Employment Experience Section. Emphasize relevant experience. \_\_\_\_\_

\_\_\_\_\_

Hobbies and Leisure Activities \_\_\_\_\_

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Dates Attended				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree Describe Course of Study				

Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities:

\_\_\_\_\_

\_\_\_\_\_

All applicants for employment must read the following:

### AGREEMENT

This application is valid for 30 days. If you have not been employed within 30 days, you must re-apply in writing in order to receive further consideration.

1. I will abide by all Böttcher America Corporation rules and regulations.
2. I will authorize Böttcher America Corporation to inquire of my former employers and others as to my past employment record without any liability.
3. I consent to take any physical examinations requested by Böttcher America Corporation in connection with the processing of my application for employment, and further agree to take any physical examinations requested by Böttcher America Corporation during my employment should I be offered and accept a job.
4. I understand that any false answers or statements or misleading omissions made during interviews or any physical examination, can be sufficient grounds for my rejection as a candidate for employment and/or for immediate discharge.
5. I understand that any employment I might be offered by the Böttcher America Corporation is of an indefinite duration, and that either I or Böttcher America Corporation could terminate that employment at anytime with or without notice for any or no reason and that no agreement to the contrary will be recognized by Böttcher America Corporation unless made in writing by the President of Böttcher America Corporation.

**STATEMENT 1** - AS AN EQUAL OPPORTUNITY EMPLOYER, BÖTTCHER AMERICA CORPORATION DOES NOT DISCRIMINATE IN HIRING OR TERMS AND CONDITIONS OF EMPLOYMENT BECAUSE OF AN INDIVIDUAL'S RACE CREED, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP, OR ELIGIBILITY FOR MILITARY SERVICE.

**STATEMENT 2** - UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO OR TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT, ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT TO EXCEED \$100.00.

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

**TO ALL APPLICANTS FOR EMPLOYMENT WITH BÖTTCHER AMERICA CORPORATION**

**NOTICE:**

In addition to our normal pre-employment physical, which includes visual acuity, urine dip, and hearing screen, a forensic drug screen will be added.

\_\_\_\_\_  
Applicant Signature

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DO NOT WRITE BELOW THIS LINE

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

REMARKS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Neatness \_\_\_\_\_

Personality \_\_\_\_\_

Character \_\_\_\_\_

Ability \_\_\_\_\_

Hired \_\_\_\_\_ For Department \_\_\_\_\_ Position \_\_\_\_\_

Will Report \_\_\_\_\_ Salary Wages \_\_\_\_\_

Approved By: 1. \_\_\_\_\_  
Employment Manager

2. \_\_\_\_\_  
Department Head

3. \_\_\_\_\_  
General Manager