|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **C:\Users\Roxanne\Pictures\TBG LOGO_copy_medium.jpg** | **The Bowden Group & Associates Employment Application****Human Resources Department****Office:** 1-888-688-7875 **Internet**: Hwww.tbgexecs.com E-mail Address: admin@tbgexecs.com**Please TYPE or PRINT ALL responses in ink. Complete application in its entirety and email back to the email address listed above with all supporting documents. Incomplete applications will not be considered for review. Resumes should be attached to the application.****Indicate which position you are applying for by entering one of the following: Private Investigator, Armed Security Guard, Unarmed Security Guard, Executive Transporter** | Application Date:  |  |  |  |
| **Desired Position:** List Below |
| 1.  |
| 2. |
| **Position Series:**A03062015  |
| It is the policy of The Bowden Group & Associates to hire and promote the best-qualified individual(s) available. To this end, no person shall be refused employment, denied promotion or assignment, discharged or otherwise discriminated against or given preference in any aspect of the employment relationship on the basis of race, gender, religion, age, political affiliation, national origin, sexual orientation, physical or mental disability, genetic information, or any other non-job related factor, except when certain physical and mental requirements are bona- fide occupational qualifications. The Bowden Group & Associates is an E-verify employer. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.  |

Last Name First Name Middle Initial

Mailing Address: Street City State Zip Code

Phone Number (Day) Phone Number (Evening) Email Address

**Immigration Reform and Control Act:** Upon employment, you will be required to submit verification of your legal right to work in the United States. The Bowden Group & Associates employs only Unites States citizens or aliens who can provide proof of identity and work authorization within 3 working days of employment.

**Driver's License Information**

Does the position you are applying for require a driver's license? Yes or No

State Issued Class or Type Expiration Date License #

**Job Related Education and Training**

Name of High School School Address (City & State)

Dates Attended From: Mo / Yr To: Mo / Yr

Major Subjects Studied Type of Diploma Received (N/A if not complete)

Name of College or University School Address (City & State)

Dates Attended From: Mo / Yr To: Mo / Yr

Major Subjects Studied Type of Degree or Certificate Received (N/A if not complete)

Name of College or University School Address (City & State)

Dates Attended From: Mo / Yr To: Mo / Yr

Major Subjects Studied Type of Degree or Certificate Received (N/A if not complete)

Name of Technical, Vocational, or Military Training School Address (City & State)

Dates Attended From: Mo / Yr To: Mo / Yr

Major Subjects Studied Type of Degree or Certificate Received (N/A if not complete)

Describe job-related skills, knowledge, special training, certifications or licenses you have pertaining to the position. Please identify skills using computer software such as Word, Excel, PowerPoint, Access, or other specialized computer software:

1. Are you now, or have you ever been, employed by The Bowden Group & Associates? If YES, identify most recent employment dates, job title, department assigned, and/or reason for leaving in the “comments” section below. Yes or No

2. Do you have any relatives currently employed by The Bowden Group & Associates? If yes, list their name(s), position title, department assigned, and their relationship to you in the “comments” section below. Yes or No

3. Were you ever discharged or forced to resign from employment due to misconduct or unsatisfactory services? If yes, explain in the “comments” section below. Prior discharges or forced resignations will not necessarily disqualify you from employment. Yes or No

4. This question is for Males 18 through 25 Only – Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. The law prohibits agencies of law enforcement from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? Yes or No

Comments (for any YES answer from above, give number and explain)

Have you EVER been convicted of a civil or criminal violation of the law, other than a minor traffic violation? (Exclude juvenile offenses if records are legally sealed). Convictions will not necessarily disqualify you from employment. If, yes please explain in detail. Yes or No

Have you EVER been convicted of reckless driving or driving under the influence of alcohol or other drugs, OR has your driver’s license ever been suspended or revoked as a result of a conviction(s) of a driving violation(s)? Convictions will not necessarily disqualify you from employment. If, yes please explain in detail. Yes or No

**Work Experience**

Beginning with your current or most recent position, list all time periods of employment, unemployment, or volunteer experience over the past 10 years showing changes in title or promotions separately. Attach additional sheets and resume if needed; however, a resume will not substitute for the information required in this section.

Name of Employer Current or Last Position Number of Employees Supervised

Full Address Supervisor Name Supervisor Phone Number

Dates Employed From: Mo / Yr To: Mo / Yr Employment Status: Full Time or Part Time (circle one)

Duties and Responsibilities

Reason for Leaving May we contact your supervisor Yes or No; If no please give a full explanation

Name of Employer Current or Last Position Number of Employees Supervised

Full Address Supervisor Name Supervisor Phone Number

Dates Employed From: Mo / Yr To: Mo / Yr Employment Status: Full Time or Part Time (circle one)

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Duties and Responsibilities

Reason for Leaving May we contact your supervisor Yes or No; If no please give a full explanation

**Please Attach Your Resume To The Application**

**APPLICANT CERTIFICATION AND AUTHORIZATION**

|  |
| --- |
| I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and that any false statements or major omissions shall be considered sufficient cause for employment disqualification or dismissal. I further acknowledge that any or all information provided by me is subject to verification and hereby authorize The Bowden Group & Associates to conduct a personal background investigation of me including any current or prior criminal arrests, convictions, and driving history. By my signature below, I authorize The Bowden Group & Associates to contact my current and/or all former employers, as well as schools or other educational institutions that I may have attended, and obtain any information about my qualifications for employment including current or prior work history, scholastic ratings and records, and any other information they may have regarding me, whether or not it is on their records. I also authorize my current and/or former employers and educational institutions to release any information requested by The Bowden Group & Associates.  |
|  |  |
| Applicant Signature  | Signature Date  |

**The Bowden Group & Associates**

**Equal Opportunity Employer Questionnaire**

**PLEASE COMPLETE THIS FORM - IT WILL BE REMOVED PRIOR TO PROCESSING**

In order to comply with United States Government Equal Employment Opportunity requirements, all applicants for employment are requested to complete this form. Data collected will be used for statistical reporting purposes and to measure the effectiveness of recruitment efforts and selection procedures. This information is requested on a voluntary basis, will be kept confidential, and is not available to hiring authorities.

Refusing to provide the information will not result in any adverse treatment with respect to the employment or selection process. The Bowden Group & Associates is an equal opportunity employer. In accordance with applicable laws and regulations, the Company does not discriminate on the basis of disability or other prohibited criteria. If you believe you have been treated unfairly or discriminated against on the basis of race, color, national origin, gender, age, religion, political affiliation, sexual orientation, disability or genetic information, please contact the Human Resources Department at 1-888-688-7875.

**DISABLED APPLICANTS**: The Human Resources Office may have resources to assist applicants with the application and/or interview process. If special needs are to be considered, please call 1-888-688-7875.

**Applying for Position Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please circle the following:**

**Male Female**

**Are you a veteran of the United States: Yes No**

If yes, what Branch \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Origin: Please check one

\_\_\_\_ **White (not of Hispanic origin):** All persons with origins in any of the peoples of Europe, North Africa or the Middle East

\_\_\_\_ **Black (not of Hispanic origin):** All persons with origins in any of the black racial groups of Africa.

**\_\_\_\_ Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**\_\_\_\_ Asian or Pacific Islander:** All persons with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea and Samoa

\_\_\_\_ **American Indian or Alaskan Native:** All persons with origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

To help us ensure our recruitment efforts are targeted to and reaching all segments of our recruitment area and community, please identify how you first learned of this job opening (check only one).

|  |  |
| --- | --- |
|  |  |
| \_\_\_\_ Employee\_\_\_\_ Job Listing |  |
| \_\_\_\_ Radio Broadcast\_\_\_\_ Friend or Relative |  |
| \_\_\_\_ Internet (identify web site): \_\_\_\_ Other means (identify) |  |
| If you are disabled and would like to request testing accommodations, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

Thank you for making an application for this position and in your decision to select The Bowden Group & Associates as a possible employer. If you need clarification of information on this form, please contact one of our Employment Specialists at 1-888-688-7875.

|  |  |
| --- | --- |
| Applicant Signature  | Signature Date  |

**The Bowden Group & Associates**

**Personal History Statement Addendum**

**Instructions:** In your own handwriting, **using black ink**, fill out this questionnaire completely and accurately. If the space provided for answers is not sufficient, you may complete your answer by adding additional pages and identifying the information by question number. If a question does not apply to you, indicate same by entering N/A in the blank.

**Note: All statements are subject to verification and any incorrect statements or omissions may subject you to disqualification. Truthful statements to any question will not necessarily exclude you from employment.**

1. Have you ever used or thought you were using Marijuana?

\_\_\_\_ No

\_\_\_\_ Yes / How many times. Must be a numeric number (i.e. 1, 2, etc.)

2. Have you ever used or thought you were using any other illegal or illicit drug or substance, or any legal substance in an illegal manner for the purpose of altering or enhancing your mental or physical state or for any reason other than its intended purpose? Example: “Huffing Paint”, “Sniffing Glue”, or “Mushrooms”, or any other inhalants.

\_\_\_\_ No

\_\_\_\_Yes (If “Yes”, list all drugs, narcotics, or substances below.)

|  |  |  |
| --- | --- | --- |
| Name of Substance or Drug  | Date first used  | Date last used  |
| Name of Substance or Drug  | Date first used  | Date last used  |
| Name of Substance or Drug  | Date first used  | Date last used  |
| Name of Substance or Drug  | Date first used  | Date last used  |

3. Have you ever used any prescription medication that was or was not prescribed to you?

\_\_\_\_ No

\_\_\_\_\_\_ Yes (If “Yes” list below, indicate whether it was legally prescribe or not)

|  |  |  |
| --- | --- | --- |
| Name of Substance or Drug  | Date first used  | Date last used  |
| Name of Substance or Drug  | Date first used  | Date last used  |
| Name of Substance or Drug  | Date first used  | Date last used  |

4. Have you ever sold or purchased, or contributed to the sale or purchase, of any amount of marijuana, any other legal or illegal drug, or any legal substance with the intent for it to be used in an illegal manner?

\_\_\_\_ No

\_\_\_\_ Yes (If yes, please describe.)

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

5. Have you ever had a Domestic Violence Order or Civil No Contact Order (or similar order) issued against you?

\_\_\_\_ No

\_\_\_\_ Yes (If “Yes”, complete the following and provide documentation of the initial allegation and the judge’s findings at any subsequent hearings. If the order is current, indicate “current”.)

Date of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/County of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Plaintiff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Have you ever committed an act of Domestic Violence (reported or non-reported)? Domestic Violence includes acts against immediate family members, spouses, or anyone you were living with at the time or anytime previous to the act.

\_\_\_\_ No

\_\_\_\_ Yes (If “Yes”, please describe the circumstances including location, date, time, and the name of the other party).

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

7. Were you ever charged as a juvenile for any offense (traffic /criminal /other)?

\_\_\_\_ No

\_\_\_\_ Yes (If “Yes”, list all information below.)

|  |  |  |  |
| --- | --- | --- | --- |
| Charge or Offense  | Date Charged  | Charging Agency  | State/County where occurred  |
| Charge or Offense  | Date Charged  | Charging Agency  | State/County where occurred  |
| Charge or Offense  | Date Charged  | Charging Agency  | State/County where occurred  |

8. Have you ever been charged (citation / arrest / warrant / other) or investigated for any offense by any agency not previously listed?)

\_\_\_\_ No

\_\_\_\_\_\_ Yes (If “Yes”, list all information below.)

|  |  |  |  |
| --- | --- | --- | --- |
| Charge or Offense  | Date Charged  | Charging Agency  | State/County where occurred  |
| Charge or Offense  | Date Charged  | Charging Agency  | State/County where occurred  |
| Charge or Offense  | Date Charged  | Charging Agency  | State/County where occurred  |

|  |  |
| --- | --- |
| Applicant Signature  | Signature Date  |

**The Bowden Group & Associates**

**Background Questions**

**Applicant’s Name:**

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address (Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicants Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DMV ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\*Required – See Privacy Notification) (Must be at least 18 years old to apply)

**BACKGROUND QUESTIONS**

Answer the following questions by circling the appropriate answer, all explanation must be

completed on a separate sheet of paper and attach to form.

1. Are you an active or retired peace officer? If “Yes,” Active or Retired

a. Please read the attached Security Guard Training Advisory.

b. IF you qualify for an exemption, you must submit the documentation described in the Advisory.

c. If you DO NOT qualify, you must submit training certificates.

2. Are you an active or retired police officer? If “Yes,” Active or Retired

a.Please read the attached Security Guard Training Advisory.

b. IF you qualify for an exemption, you must submit the documentation described in the Advisory.

c. If you DO NOT qualify, you must submit training certificates.

3. Are you a citizen of the United States or a resident alien of the United States in possession of a valid alien registration card? Yes or No

a. IF “NO,” you must submit an explanation.

4. Has any license or permit issued to you or a company in which you are or were a principal in Maryland State or elsewhere ever been revoked, suspended or denied? Yes or No

a. If “Yes,” you must submit an explanation.

5. Have you ever been discharged from a correctional or law enforcement agency for incompetence or misconduct as determined by a court of competent jurisdiction, administrative hearing officer, administrative law judge, arbiter, arbitration panel or other duly constituted tribunal, or resigned from such an agency while charged with misconduct or incompetence? Yes or No

a. IF “YES,” you must submit an explanation or request a waiver.

6. Are you a State of Maryland registered/licensed security guard or private investigator? Yes or No

a. IF “YES,” please provide the license number. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. IF “YES,” you do not need to re-take the 8-hour pre-assignment training course.

|  |  |
| --- | --- |
| Applicant Signature  | Signature Date  |

**The Bowden Group & Associates**

**Employee Statement**

**Child Support Statement**

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support OR if I am

under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making

payments by income execution or by court agreed payment or repayment plan or by a plan agreed to by the parties or my child support

obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

**Criminal History**

The Bowden Group & Associates will be receiving and reviewing information on any prior criminal arrests or convictions. If you have pending

criminal charges or a prior conviction, please provide a statement explaining same and copies of any records received from the criminal

court.

**A completed application must include:** (Use this checklist to make sure you have included/completed all requirements)

\_\_\_\_\_ The completed, signed application

\_\_\_\_\_ Receipt that provides proof of electronic fingerprinting by an approved vendor

\_\_\_\_\_ A copy of all certification and/or licenses

\_\_\_\_\_ A copy of all related training certificates

**Applicant Affirmation**

I affirm, under the penalties of perjury, that the statements made in this application are true and correct. I further affirm that I have read

and understand the provisions of Article 7A of the General Business Law and the rules and regulations promulgated thereunder.

|  |  |
| --- | --- |
| Applicant Signature  | Signature Date  |

**The Bowden Group & Associates**

**Explanation of Requirements**

 Read ALL instructions carefully before completing the application. Incomplete forms will be returned. Any omission, inaccuracy or

failure to make full disclosure may be deemed sufficient reason to deny a registration or may result in the rejection of your application.

**FINGERPRINT REQUIREMENTS:** Applicants have access to electronic fingerprinting through The Bowden Group & Associates

.

Electronic Fingerprinting Procedure:

Schedule Appointment: Applicants must schedule appointments with The Bowden Group & Associates office manager. To schedule an

appointment visit [www.tbgexecs.com](http://www.tbgexecs.com) or call 1-888-688-7875.

Please Note: Fingerprint receipts are valid for 5 months from the date of fingerprinting. Please submit original application within 5

months from the date of fingerprinting. Failure to submit your application within this time period will require you to complete the

fingerprint process again.

**Fingerprint Fees:**

* All fees for fingerprinting are payable to The Bowden Group & Associates.
* The fee is $35.00 must be paid in the form of credit card or money order, cash and personal checks are accepted.
* Fingerprints submitted will be used to check the criminal history records of the FBI.

**Child Support Statement**

A Child Support Statement is mandatory in the State of Maryland (General Obligations Law) regardless of whether or not you

have children or any support obligation. Any person who is four months or more in arrears in child support may be

subject to having his or her business, professional and driver’s licenses suspended. The intentional submission of

a false written statement for the purpose of frustrating or defeating the lawful enforcement of support obligations is

punishable under §175.35 of the Penal Law. It is a Class E felony to offer a false instrument for filing with a state or local

government with the intent to defraud.

 **SOCIAL SECURITY NUMBERS (PRIVACY NOTIFCATION):**

The Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The

authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law.

Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals

 who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by

the taxes administered by the Commissioner of Taxation and Finance. It will be used for tax administration purposes and any other purpose

authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other

states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available

to the public. A written explanation is required where no number is provided.

|  |  |
| --- | --- |
| Applicant Signature  | Signature Date  |