

AMERICAN WESTERN BONDING CO.

331 E. 4th ST.

CARTHAGE, MO 64836

Phone: 417-358-8387 Fax: 417-358-8813

BAIL AGENCY APPLICATION

Personal Information (Please Print)

Last Name _____ First Name _____

Spouse's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone(____) _____ Cell Number(____) _____

Position Information (Please Print)

Position Applied For: _____

Do you have any experience in the bail bond business? _____

If so, when and how long? _____

License Number _____

Education (Please Print)

School	Area of Study	Degree or Number of Years
_____	_____	_____
_____	_____	_____
_____	_____	_____

Achievements (Please Print)

Employment History (Please Print) List Current First

Current: _____ Phone (____) _____

Address: _____

Position: _____

Start and End Dates _____ To _____

Employment History (Please Print)

Previous: _____ Phone (____) _____

Address: _____

Position: _____

Start and End Dates From _____ To _____

Employment History (Please Print)

Previous: _____ Phone (____) _____

Address: _____

Position: _____

Start and End Dates From _____ To _____

Employment History (Please Print)

Previous: _____ Phone (____) _____

Address: _____

Position: _____

Start and End Dates From _____ To _____

Employment History (Please Print)

Previous: _____ Phone (____) _____

Address: _____

Position: _____

Start and End Dates From _____ To _____

References (Please Print)

Name	Relationship to Applicant	Phone Number	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Information (Please Print)

Have you ever been arrested? _____ For What _____

Were you ever convicted of this (these) crimes? _____ Felony Convictions? _____

Give Details: _____

Emergency Contact

Name	Relationship to Applicant	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Acknowledgment (Please read Carefully)

I hereby certify that the information contained in this application form and in any attachments listed below (hereafter made a part of this application) is true to the best of my knowledge and agree to have any of the statements checked by **American Western Bonding Co., Inc.** unless I have indicated to the contrary. I authorize the references listed in this application to provide the company any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the company as well as from the use or disclosure of such information by **American Western Bonding Co., Inc.** or any of it's agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I enter into a contractual agreement, termination of the contract.

Attachments: _____

Applicant's Signature _____ Date _____

CONSUMER CREDIT AND BACKGROUND REPORT RELEASE FORM

PLEASE READ CAREFULLY

By my signature below I authorize **American Western Bonding Co., Inc.** to obtain a Consumer Credit Report and / or Background Report on me. This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiation, or any other lawful purpose covered under the Fair Credit Report Act. (FCRA)

The Background Check may contain information available in the Public Domain by may not include interviews with person other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, education institutes, law enforcement agencies, city, state, county, and federal court and agencies, military services and persons to release all information they may have about me. This authorization shall be valid in original or copy form.

Applicant's Full Name:_____

Please print other names you have used:_____

Social Security Number:_____

Date of Birth:_____

Current Street Address:_____

City, State, Zip Code:_____

Telephone Number: _____

Signature:_____

Date:_____

******EVERY APPLICANT MUST PROVIDE A COPY OF THEIR DRIVER'S**

LICENSE WITH THEIR APPLICATION