

JCM EMPLOYMENT APPLICATION

Equal Opportunity Employer / Drug Free Workplace



APPLICANT INFORMATION

Last Name		First Name		M.I.		Date	
Home Address				Apartment/Unit #			
City		State		ZIP			
Home Phone			Cell Phone				
E-mail Address							

EMPLOYMENT DESIRED

Position Applied for:			Salary desired:				
Are you currently employed?			Date you can start:				
Can you work overtime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you work weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you eligible to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Are you willing to submit to a drug test before employment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Have you ever been evicted from a rental property?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Where?			When?				
Have you ever been terminated from employment or asked to resign by an employer?							
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please provide company name(s) and details:					

REFERRAL SOURCE

How did you hear about us?	Walk in <input type="checkbox"/>	Advertisement <input type="checkbox"/>	Referral <input type="checkbox"/>	Other <input type="checkbox"/>		
List the referral name or website:						
Have you ever applied for employment with this company before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever worked for this company before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Name and relationship of all relatives that work for JCM:						

EDUCATION

	Name & City, State	Graduated (Yes/No)	GPA	Subject Majored in / List Degree
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>		
College		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Special Training / Trade School		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Other (specify)		YES <input type="checkbox"/> NO <input type="checkbox"/>		
List any special skills, experience and/or training that would enhance your ability to perform the position applied for.				

EMPLOYMENT HISTORY: (PLEASE COMPLETE FULLY REGARDLESS IF YOU SUBMITTED A RESUME)

Company				Supervisor Phone #		
City/State				Supervisor Name		
Job Title						
Job Duties						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company				Supervisor Phone #		
City/State				Supervisor Name		
Job Title						
Job Duties						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

EMPLOYMENT HISTORY (CONT.)

Company				Supervisor Phone #	
City/State				Supervisor Name	
Job Title					
Job Duties					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company				Supervisor Phone #	
City/State				Supervisor Name	
Job Title					
Job Duties					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

REFERENCES

Please list three professional business references; other than your supervisors listed above.

Name & Title				Years Known	
Company Name				Phone #	
Name & Title				Years Known	
Company Name				Phone #	
Name & Title				Years Known	
Company Name				Phone #	

APPLICANT'S STATEMENT Please read carefully before signing.

I certify that the information contained in this application and any attachments are true and correct to the best of my knowledge. I agree to have any of the statements verified by JCM. I authorize my references and supervisors to provide information concerning my previous employment. I release all parties from any and all liability for damages that may result from furnishing such information, as well as from the use of or disclosure of such information by the company or its agents. I understand that any misrepresentation or material omission in this application may result in my failure to receive an offer or, if I am hired, in my dismissal.

I UNDERSTAND AND AGREE THAT IF I AM HIRED MY EMPLOYMENT WILL BE AT WILL, MEAINING I OR THE COMPANY MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE. No representative of the company other than the Chief Executive Officer (CEO) has any authority to agree to the contrary. Further, the CEO may not alter the at-will nature of the employment unless done so specifically in a written agreement signed by both of us.

I understand that an offer of employment, if made, will be conditioned on my providing satisfactory proof of my identity and legal authority to work in the United States.

Signature of Applicant				Date	
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