



J&E Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____
Last Name _____ First Name _____ Middle Name _____
Street Address _____
City _____ State _____ Zip _____
Telephone _____ Driver # _____ Class A B or C
Cell # _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation). yes ___ no ___

Are you looking for full-time employment yes ___ no ___

If no, what hours are you available _____

Are you willing to work swing shift? yes ___ no ___

Are you willing to work graveyard? yes ___ no ___

Have you ever been convicted of a felony? (This will not necessarily affect your application). yes ___ no ___

If yes, please describe the conditions _____

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment here? yes ___ no ___

When? _____

Where? _____

Have you ever been employed by this company? yes ___ no ___

When? _____

Where? _____

Are you presently employed? yes ___ no ___

May we contact your present employer? yes ___ no ___

Are you available for full-time work? yes ___ no ___

Are you available for part-time work? yes ___ no ___

Will you relocate? yes ___ no ___

Are you willing to travel? yes ___ no ___ If yes, what percentage of the time? _____

Date you can start _____

Desired position _____

Desired starting salary _____

Please list applicable skills _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your education and work history, are there other skills, qualifications, or experience that we should consider? _____

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies? yes ___ no ___

If yes, where and what courses of study? _____

Employment History (Start with most recent)

Company Name _____

Address _____

Date Started _____

Date Ended _____

Name of Supervisor _____ May we contact? yes ___ no ___

Responsibilities _____

Reason for leaving _____

Company Name _____
Address _____
Date Started _____
Date Ended _____
Name of Supervisor _____ May we contact? yes ___ no ___
Responsibilities _____
Reason for leaving _____

Company Name _____
Address _____
Date Started _____
Date Ended _____
Name of Supervisor _____ May we contact? yes ___ no ___
Responsibilities _____
Reason for leaving _____

Company Name _____
Address _____
Date Started _____
Date Ended _____
Name of Supervisor _____ May we contact? yes ___ no ___
Responsibilities _____
Reason for leaving _____

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____
Address _____
Name _____ Phone _____ Years Known _____
Address _____
Name _____ Phone _____ Years Known _____
Address _____

Emergency Contact

Name _____ Phone _____
Address _____
Name _____ Phone _____
Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give an information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I understand that no driver shall be on duty and possess, be under the influence of, or use, a narcotic drug or any derivative thereof, an amphetamine or any formulation thereof, or any other substance which renders him/her incapable of safely driving. And are subject to pre employment drug & alcohol test and random drug & alcohol test at any time of employment.

I understand that no driver shall transport any person or permit any person to be transported on his/her motor vehicle unless specifically authorized in writing by the company.

Signature _____ **Date** _____