

JIFI STOP

APPLICATION FOR EMPLOYMENT ©

**Questions must be answered in your own handwriting. Complete all questions.*

NAME _____
Last First Middle
ADDRESS _____
City State Zip Code
Social Security No. Home Phone Work Phone Also Known As: _____

Position Desired: _____ Salary Required: _____
Start Date: _____ Personal Goals: _____
May we contact your present employer? _____ Current Salary: _____
Are you related to anyone in our employ? _____ Name: _____
Referred By: _____ Ever Applied Here Before? _____ When: _____
Do you have any restrictions on hours or travel? _____
Special Hobbies or Interests: _____

Have you been convicted of a felony or misdemeanor or released from prison in the past 7 years? _____
(This information may not prevent you from being hired.) If yes, please explain: _____
Will visa or immigration status prevent lawful employment: _____
Have you ever been denied Workers Compensation? _____ How many times? _____
When: _____ Where: _____

REFERENCES: (List below the names of three persons not related to you whom you have known at least one year.)

Name	Address	Phone	Business	Years Acquainted
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In an emergency, contact: _____ City/State _____ Phone: _____

EDUCATION	Name/Location of School	Subjects Studied	Year
Grammar School	_____	_____	_____
High School	_____	_____	_____
College	_____	_____	_____
Trade Business or Correspondence	_____	_____	_____
Degrees/Certificates Earned: _____			

**Applicants who are unable to answer in their own handwriting may make other arrangements for answering.*

EMPLOYMENT HISTORY (Begin with most recent employer. Include all employment for the past 10 years. List any periods and reason for self-employment and/or unemployment.)

Employment Dates (Mo-Yr) to (Mo-Yr) Job Title Employer Name

Supervisor: _____ Last Salary: _____ Telephone: _____

Experience Learned: _____

Reason for Leaving: _____

Employment Verified: _____ Initials: _____

Employment Dates (Mo-Yr) to (Mo-Yr) Job Title Employer Name

Supervisor: _____ Last Salary: _____ Telephone: _____

Experience Learned: _____

Reason for Leaving: _____

Employment Verified: _____ Initials: _____

Employment Dates (Mo-Yr) to (Mo-Yr) Job Title Employer Name

Supervisor: _____ Last Salary: _____ Telephone: _____

Experience Learned: _____

Reason for Leaving: _____

Employment Verified: _____ Initials: _____

Employment Dates (Mo-Yr) to (Mo-Yr) Job Title Employer Name

Supervisor: _____ Last Salary: _____ Telephone: _____

Experience Learned: _____

Reason for Leaving: _____

Employment Verified: _____ Initials: _____

Employment Dates (Mo-Yr) to (Mo-Yr) Job Title Employer Name

Supervisor: _____ Last Salary: _____ Telephone: _____

Experience Learned: _____

Reason for Leaving: _____

Employment Verified: _____ Initials: _____

Describe the duties and responsibilities of your most recent job:

Describe a recent experience in which you did a good job:

How do you know you have done a good job?

What do you want in a job?

What do you like about working?

What is important to you about working?

How do you handle conflict? Describe a recent experience that was negative. How did you deal with that situation? What did you do that felt comfortable? What would you do differently?

Describe a project in which you were involved that required a team effort. What specific contributions did you make?

Have you ever been involved in a task/project that required you to work alone? If so, describe your responsibilities and accomplishments.

What do you know about this company and/or the position you are applying for?

Describe the management style you like best. Describe the management style you are least comfortable with.

PRE-EMPLOYMENT AND EMPLOYMENT DRUG TESTING IS A REQUIREMENT OF THIS COMPANY.

I authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts is cause for dismissal. Furthermore, I understand and agree that my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated without any previous notice. I understand that this is not a contract between my employer and me.

Signature _____

Date: _____

Qualified applicants receive consideration for employment without discrimination because of gender, sexual preference, marital status, race, color, creed, national origin, age, or the presence of a disability.

TO BE COMPLETED BY COMPANY REPRESENTATIVE

Date: _____ Time: _____

Interview: Yes _____ No _____

Acceptable for Employment? Yes _____ No _____

Start Date _____

Rate: _____

Special Considerations:

Interviewed by: _____

BACKGROUND SCREENING

RESULTS

Criminal

Civil

Credit

DMV

Personal Preferences:

Application Verified By: _____

Approved By: _____