

Education, Training and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____	City _____	State _____	Zip _____
College/ University	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____	City _____	State _____	Zip _____
Vocational/ Business	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____	City _____	State _____	Zip _____
Other	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____	City _____	State _____	Zip _____

Employment History

List below all present and past employment starting with your most recent employer (**last seven years is sufficient**). Account for all periods of unemployment. ***You must complete this section even if attaching a resume.***

Name of Employer _____	(____) _____ Telephone No.
Type of Business _____	Supervisor's Name _____
Address _____	City _____ State _____ Zip _____
Dates of Employment: _____/_____/_____ From To	Weekly Pay: _____ Starting Ending
Your Position and Duties _____	
Reason for Leaving _____	
May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer

Telephone No.

Type of Business

Supervisor's Name

Address

City State Zip

Dates of Employment: ____/____/____ To ____/____/____
From To

Weekly Pay: _____
Starting Ending

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Note: Attach additional page(s) if necessary

References

List below three individuals, not related to you, who have knowledge of your work performance within the last three years.

First Name

Last Name

Telephone No.

Address

City State Zip

Occupation

No. of Years Acquainted

First Name

Last Name

Telephone No.

Address

City State Zip

Occupation

No. of Years Acquainted

First Name

Last Name

Telephone No.

Address

City State Zip

Occupation

No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph, and Sign Below:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my
Initials chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work history, education,
Initials background inclusive of criminal records, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may
Initials be granted or during my employment, if hired, is intended to create an employment contract between the Company and myself. I understand and agree, that if I am employed, my employment is for no definite or determinable period. I may be terminated at any time, with or without prior notice, at the option of either myself or JAG; and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____ I understand and agree that I may be expected to work on a wide variety of job assignments and agree
Initials to accept assignments for which I am qualified. I also understand my failure to report for work will indicate that I have quit. I also agree to submit to a drug screen upon request or as specified in JAG's substance abuse policy.

_____ Date

_____ Applicant's Signature