



For Office Use Only: Interview Date: _____ Date Interviewed _____

Applicant May Be Tested for Illegal Drugs

Name:

Last

First

Middle

Present Address: Street

City

State

Zip

How Long at this address:

Position Applied For:

Social Security Number:

Mobile Telephone Number:

Home Telephone:

Days/Times Available to Work: Mon/Time

Tue/Time

Wed/Time

Thu/Time

Fri/Time

Sat/Time

Sun/Time

How many hours can you work weekly?

Can you work nights? Yes No

Type Employment FULL-TIME

PART-TIME

FULL or PART-TIME

AS NEEDED

When are you available to start work:

Email Address:

EDUCATION

Type of School	Name of School	Location(mailing address)	Did you graduate	Major or Degree
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes No

Nature of Offense	Date	Sentence	Fine

DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Drivers License Number	State of Issue	Expiration Date
<p>Have you had any traffic accidents during the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes how many?</p> <p>Have you had any moving violations during the past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes how many?</p>		

Please list two references other than relatives or previous employers.	
Name:	Name:
Address:	Address:
Telephone:	Telephone:

HAVE YOU EVER SERVED IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ARE YOU A MEMBER OF THE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specialty:	Date Entered:	Discharge Date:

WORK EXPERIENCE
Please list your work experience for the past five years beginning with your most recent job held. If you are self-employed, give firm name. Attach additional sheets if necessary.

Employer:	Dates	From:	To:
Address:			
Telephone:			
Supervisor:			
Pay/Salary:			
Reason for leaving:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer:	Dates	From:	To:
Address:			
Telephone:			
Supervisor:			
Pay/Salary:			
Reason for leaving:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Employer:	Dates	From:	To:
Address:			
Telephone:			
Supervisor:			
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Employer:	Dates	From:	To:
Address:			
Telephone:			
Supervisor:			
Pay/Salary:			
Reason for leaving:			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did?

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Jerolin Management Services, LLC to verify their accuracy and to obtain reference information on my work performance. I hereby release Jerolin Management Services, LLC from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____

Date: _____

EMPLOYEE EMERGENCY CONTACT FORM

Name

Department

Personal Contact Info:

Home Address

City, State, ZIP

Home Telephone #

Cell #

Emergency Contact Info:

(1) Name

Relationship

Address

City, State, ZIP

Home Telephone #

Cell #

Work Telephone #

Employer

(2) Name

Relationship

Address

City, State, ZIP

Home Telephone #

Cell #

Work Telephone #

Employer

Medical Contact Info:

Doctor Name.

Phone #

Dentist Name

Phone #

I have voluntarily provided the above contact information and authorize Jerolin Management Services, LLC and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to Jerolin Management Services, LLC at this time.

Employee Signature _____

Date