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| **Applicant Information** | | | | | | | | | | |
| Position(s) Applied For: | | | | | | | | Date: | | |
| Name (Last, First, Middle): | | | | | | | | | | |
| Address 1: | | | | | Address 2: | | | | | |
| City: | | | | | | State: | | | Zip+4: | |
| Home Phone: | | Cell Phone: | | | | | SSN: | | | |
| Email Address: | | | | | | | | | | |
| Place of Birth (City, State, Country): | | | | | | | | | | |
| Are you legally eligible to work in the United States? | | | | | | | | | Yes | No |
| Can you, with or without reasonable accommodation, perform the functions of this job?  *(If you have any questions about the functions of the job, please ask before answering this question.)* | | | | | | | | | Yes | No |
| Have you ever applied to J-Mack before? *(If yes, please give approximate date)* | | | | | | | | | Yes | No |
| Have you ever worked for J-Mack before? *(If yes, please give approximate ending date)* | | | | | | | | | Yes | No |
| Have you ever been convicted of a felony? | | | | | | | | | Yes | No |
| If yes, please explain: |  | | | | | | | |
| Is anyone related to you currently employed by J-Mack? | | | | | | | | | Yes | No |
| If yes, please give their name and relationship to you: | | | |  | | | | |
| Have you ever been fired or asked to resign from a job? | | | | | | | | | Yes | No |
| If yes, please explain: |  | | | | | | | |
| What salary or rate of pay do you expect to receive if employed? | | | | | | | | | | |
| On what date would you be available to work? | | | | | | | | | | |
| Do you have a current Security Clearance: | | | Yes. If Yes, what level? | | | | | | No | |

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| **Education** | | | | |
|  | Name and Location of School | Major Course of Study | # Yrs Completed | Diploma/Degree |
| Graduate |  |  |  |  |
| College |  |  |  |  |
| Vocational |  |  |  | Diploma |
| HS / GED |  | N/A | 4 | Diploma |

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| **Employment History** | |
| *Begin with your current or most recent employer. Do not exclude any employment. Include any applicable temporary employment; attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at J-Mack.* | |
|  | |
| Company Name: | |
| Supervisor Name: | Supervisor Phone #: |
| Street Address: | |
| City, State, Zip: | |
| Job Title: | |
| Primary Duties: | |
| Starting Date: | Ending Date: |
| Starting Salary: $0 | Ending Salary: $0 |
| Reason for leaving: | |
|  | |
| Company Name: | |
| Supervisor Name: | Supervisor Phone #: |
| Street Address: | |
| City, State, Zip: | |
| Job Title: | |
| Primary Duties: | |
| Starting Date: | Ending Date: |
| Starting Salary: $0 | Ending Salary: $0 |
| Reason for leaving: | |

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| --- | --- |
| **Employment History** | |
| *Begin with your current or most recent employer. Do not exclude any employment. Include any applicable temporary employment; attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at J-Mack.* | |
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| Company Name: | |
| Supervisor Name: | Supervisor Phone #: |
| Street Address: | |
| City, State, Zip: | |
| Job Title: | |
| Primary Duties: | |
| Starting Date: | Ending Date: |
| Starting Salary: $0 | Ending Salary: $0 |
| Reason for leaving: | |
|  | |
| Company Name: | |
| Supervisor Name: | Supervisor Phone #: |
| Street Address: | |
| City, State, Zip: | |
| Job Title: | |
| Primary Duties: | |
| Starting Date: | Ending Date: |
| Starting Salary: $0 | Ending Salary: $0 |
| Reason for leaving: | |

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| **References** | | | | |
| Please list three previous supervisors or persons not related to you who can provide ***professional*** references. | | | | |
| Name | Address | Phone Number | Relationship/Occupation | Years Known |
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| **Applicant Acknowledgement and Authorization** | | |
| \*Please read carefully before signing\*  I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate, and complete to the best of my knowledge. I understand that the falsification, misrepresentation, or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery. | | |
| I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by J-Mack that such employment with J-Mack is at will, for no specified duration and may be terminated by either J-Mack or me at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of J-Mack or its representatives used during the employment process is deemed a contract of employment real or implied. | | |
| In consideration for employment with J-Mack, if employed, I agree to conform to the rules, regulations, policies and procedures of J-Mack at all times and understand that such compliance is a condition of employment. | | |
| I understand that if offered a position with J-Mack, I may be required to submit to a pre-employment medical examination, drug screening, background check, and security clearance as a condition of employment. I understand unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks may result in withdrawal of any employment offer or termination of employment if already employed. | | |
| I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to J-Mack and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information. | | |
| I understand that this application is considered current for six months. If I wish to be considered for employment after this period, I must fill out and submit a new application. | | |
| By signing below, I acknowledge that I have read, understand, and agree to the above statements. | | |
|  | | |
| Signature | | Date |
| Name and Number of person completing this form if other than applicant. |  | |