

Employment Application

General Data *(Please Print)*

Last Name		First Name			Middle Name	
Present Address	Number	Street	City	State	Zip Code	
Years at Above Address			Home Telephone Number ()			
Position Applying For					Date of Application	
Full Time or Part Time			Shift or Hours Preferred			
Social Security Number			Drivers License Number (if applicable)			Expiration Date

If employed in the position for which you have applied, would you be in a supervisory or subordinate relationship to any relative or member of your household? Yes No

Personal Data

Person to notify in case of an Emergency: Name			Home Telephone Number ()			
Address	Number	Street	City	State	Zip Code	
How did you learn of this job opening?						
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Friend _____		(Name)		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Walk - In	<input type="checkbox"/> Other _____				

<p>List membership in professional organizations which you feel would enhance your application. You may exclude any whose names would indicate the race, religious, creed, color, national origin, or Ancestry of its members.</p> <hr/> <hr/> <hr/>

If under 18 years of age, can you submit a work permit? N/A Yes No

Have you ever been convicted of a crime other than traffic infractions? Yes No

If "Yes," please explain: (NOTE: Conviction is not an automatic bar to employment. Each case will be considered on its own merits.)

Skills

Typing speed (wpm):		Shorthand (wpm):	
Machines Operated:			
Other Training / Skills, including Bilingual ability:			
Branch of Military Service:		Relevant skills acquired:	
Professional & Technical Applicants ONLY			
Professional License Number	Expiration Date	Type of License:	State:

Is there any reason why you would be unable to perform or to safely perform any of the duties of the position for which you have applied, as set forth on the job description for that position? Yes No

If "Yes", please explain _____

Education

	High School	College	Trade, Professional School or Other
Name			
Address			
Number of Years			
Course or Major			

Diploma / Degree			
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WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Work Experience

Please fully account for all time, including periods of unemployment and any prior employment by this company. Begin with your **most recent** job. Use a separate sheet of paper if you need additional space.

Last Present Employer	Length of Service (Dates)		Duties Performed
Address	Start	Leave	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate / Salary		Duties Performed
Your Job Title	Starting	Final	
Reason for Leaving:			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	Start	Leave	
Telephone Number(s)			
Supervisor's Name and Position	Hourly Rate / Salary		Duties Performed
Your Job Title	Starting	Final	
Reason for Leaving:			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			
Employer	Length of Service (Dates)		Duties Performed
Address	Start	Leave	
Telephone Number(s)			

Supervisor's Name and Position	Hourly Rate / Salary		
Your Job Title	Starting	Final	
Reason for Leaving:			
May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No (If still employed)			

Applicant's Statement

I hereby certify that I have been informed of the duties of the position for which I am applying, and that the information on this application is correct and complete to the best of my knowledge.

I agree to have any of the statements checked by the company unless I have indicated to the contrary. Further, I understand That falsification or omission of any material information on this application or failure to pass the physical examination, if I Receive a job offer, may be considered sufficient cause for immediate termination. I agree that if employed, I will abide by All policies and procedures established by the employer.

I hereby acknowledge that my employment is "at will," that I may resign at any time and the employer may terminate my employment at any time, with or without cause, that any assurances of continued employment, whether written, oral or by conduct, shall not be interpreted as changing the nature of the employment relationship unless specifically acknowledged in writing by President of the employer.

Signature of Applicant

Date

Consideration for employment at JIMS Machining is based upon qualifications on your employment application, your job interview, successfully passing a drug / alcohol test, and a satisfactory response to a background check, performed by InfoLink Services.

Signature for Acknowledgement

FOR COMPANY USE ONLY

Interviewed Yes No

Remarks: _____

Employed Yes No

Starting Date _____

Job Title _____

Salary _____

Department _____

Officer Approval

Date