

EMPLOYMENT APPLICATION

Please complete the entire application.

1. **Employer Information**

Employer:	
Address:	
City/State/ZIP:	
Telephone:	
It is the policy of to provide equal applicants and employees without regard to any legally prot religion, gender, national origin, age, disability or veteran st	ected status such as race, color,
2. Applicant Information	
Applicant Full Name:	
Home Address:	
City/State/ZIP:	
Number of years at this address:	
Number of years at this address: Daytime phone:Evening phone:	
Mobile phone:	
Social Security Number:	
Driver's License (State/Number):	
3. Emergency Contact	
Who should be contacted if you are involved in an emergence	ey?
Contact Name:	
Relationship to you:	
Address:	
City/State/ZIP:	
Daytime phone:Evening phone:	
4.Job Position Applied for:	

Who referred you to our company?	se list here:	
ve you applied to our company previously? Yes If yes, when?	No	
you at least 18 years old? Yes No		
How will you get to work?		
Are you willing to work any shift, including nights and weekends If no, please state any limitations:	s? Yes	No
If applicable, are you available to work overtime? Yes	No	
If you are offered employment, when would you be available to b	begin work?	
If hired, are you able to submit proof that you are legally eligible employment in the United States? Yes No	for	
Applicant's Skills		
ng. Enter the number of years of experience, and circle the number ability for each particular skill. (One represents poor ability, while the same of	which corres	ponds to
ity		
<u>*</u>	Rating	or
Microsoft Office Suite (Word, Excel, etc.)	12345	
	1 2 3 4 5	
	12345	
	Do you have any friends or relatives who work here? If yes, please you applied to our company previously? Yes Yes Yes No Yes No How will you get to work? Are you willing to work any shift, including nights and weekends If no, please state any limitations: Yes No Yes No Applicant's Skills k those skills that you have. List any other skills that may be useful ng. Enter the number of years of experience, and circle the number ability for each particular skill. (One represents poor ability, while fational ability.) Ity Years of Experience 1 2 3 4 5 Microsoft Office Suite (Word, Excel, etc.)	Do you have any friends or relatives who work here? If yes, please list here: Pe you applied to our company previously? Yes No

14. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
Employer Name:
Construction Name
•
Address: City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
2 web 01 2 mp10 y mone (1.20 m).
Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
15. Applicant's Education and Training
College/University Name and Address
Did you receive a degree? Yes No If yes, degree(s) received:
High School/GED Name and Address
Did you receive a degree? Yes No
Other Training (graduate, technical, vocational):
other framing (graduate, teenmeat, vocationar).
Please indicate any current professional licenses or certifications that you hold:

Awards, Honors, Special Achievements:
11 wards, 110 nots, opecial remevements.

16. References

Name:		_	
Address:			
City/State/ZIP:			
Telephone:			
Relationship:			
Name:		_	
A 1 1			
City/State/ZIP:			
Telephone:			
Relationship:			
-	provide any other information that you bound by any agreement with any		d, including
			- -

List any two non-relatives who would be willing to provide a reference for you.

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize jeannot to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Manager, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of jeannot, except in a specific written contract of employment signed on behalf of the organization by its Manager, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

DATE