

**APPLICATION FOR EMPLOYMENT**

TODAY'S DATE: \_\_\_\_\_

**PERSONAL INFORMATION**

NAME: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

DATE AVAILABLE FOR WORK: \_\_\_\_\_

ARE YOU PREVENTED FROM ACCEPTING EMPLOYMENT BECAUSE OF YOUR VISA OR IMMIGRATION STATUS?: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?: \_\_\_\_\_ IF YES, FOR WHAT?:

\_\_\_\_\_  
\_\_\_\_\_

**SKILLS**

WHAT SPECIFIC EDUCATION, TRAINING, OR SKILLS DO YOU HAVE THAT WOULD INDICATE YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

**SCHOOL**                      **YEARS** **NAME OF SCHOOL**    **CITY**                      **COURSE**                      **DID YOU GRADUATE?**

Grammar: \_\_\_\_\_

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

**MILITARY SERVICE**

HAVE YOU SERVED IN THE U.S. ARMED FORCES?: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ DUTIES: \_\_\_\_\_

RANK OR RATING AT TIME OF DISCHARGE: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_ ANY DISABILITY?: \_\_\_\_\_

**OTHER**

IF YOU WERE REFERRED BY AN EMPLOYEE, PLEASE GIVE NAME: \_\_\_\_\_

WHAT NEWSPAPER DID YOU SEE OUR AD IN?: \_\_\_\_\_

## DRIVING HISTORY

1. DO YOU HAVE A VALID DRIVER'S LICENSE?: YES: \_\_\_\_\_ NO: \_\_\_\_\_  
IN WHAT STATE ARE YOU A LICENSED DRIVER?: \_\_\_\_\_  
WHAT CLASSIFICATION IS YOUR LICENSE?: \_\_\_\_\_  
DRIVERS LICENSE # : \_\_\_\_\_
2. HAVE YOU HELD A LICENSE IN ANY OTHER STATE DURING THE PAST 48 MONTHS?:  
YES: \_\_\_\_\_ NO: \_\_\_\_\_  
STATE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO : \_\_\_\_\_  
STATE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO : \_\_\_\_\_
3. HAVE YOU BEEN CONVICTED OF DRIVING WHILE IMPAIRED OR UNDER THE INFLUENCE OF ALCOHOL AND/OR DRUGS?:  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, give explanation(s) and date(s):  
\_\_\_\_\_  
\_\_\_\_\_
4. HAVE YOU REFUSED TO SUBMIT TO A BLOOD ALCOHOL CONTENT TEST?:  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, give explanation(s) and date(s):  
\_\_\_\_\_  
\_\_\_\_\_
5. HAVE YOU BEEN CONVICTED OF RECKLESS DRIVING OR LEAVING THE SCENE OF AN ACCIDENT OR COMMITTING A FELONY INVOLVING A VEHICLE?:  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, give explanation(s) and date(s):  
\_\_\_\_\_  
\_\_\_\_\_
6. HAVE YOU HAD YOUR OPERATOR'S LICENSE SUSPENDED, REVOKED OR ADMINISTRATIVELY RESTRICTED?:  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, give explanation(s) and date(s):  
\_\_\_\_\_  
\_\_\_\_\_
7. HAVE YOU BEEN CONVICTED OR FOUND AT FAULT FOR ANY FATAL ACCIDENT INVOLVING A MOTOR VEHICLE DURING THE PAST THREE YEARS?:  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, give explanation(s) and date(s):  
\_\_\_\_\_  
\_\_\_\_\_
8. HAVE YOU BEEN CONVICTED OR FOUND AT FAULT FOR ANY OTHER ACCIDENTS INVOLVING A MOTOR VEHICLE DURING THE PAST THREE YEARS?:  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, give explanation(s) and date(s):  
\_\_\_\_\_  
\_\_\_\_\_
9. HAVE YOU BEEN CONVICTED OF ANY MOVING VIOLATIONS DURING THE PAST 3 YEARS?:  
YES: \_\_\_\_\_ NO: \_\_\_\_\_ If yes, give explanation(s) and date(s):  
\_\_\_\_\_  
\_\_\_\_\_

(PLEASE COMPLETE BACK OF PAGE)

**EMPLOYMENT HISTORY**  
**LIST PRESENT EMPLOYER OR MOST RECENT EMPLOYER FIRST**  
**(ANSWER ALL QUESTIONS EVEN IF SUBMITTING A RESUME)**

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_  
STARTING SALARY: \_\_\_\_\_ ENDING SALARY: \_\_\_\_\_  
EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
DUTIES: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
MAY WE CONTACT THIS EMPLOYER?: \_\_\_\_\_

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I authorize persons, schools, current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide Jackson Brothers with any relevant information that may be required to arrive at an employment decision. If hired, I reserve the unqualified right to terminate the employment relationship at any time for any reason. I understand and agree that the company shall have the same unqualified right. Nothing said or done by either myself or the company shall affect these rights unless it is incorporated into a formal written contract which not only bears the notarized signatures of both myself and the company's president, but also revokes or amends this document by explicit reference to its date of signature. I understand that Jackson Brothers maintains a substance abuse policy and that I must comply with the policy as a condition of employment with the company. I agree that I will at all times comply with the Company's Substance Abuse Policy, which I understand includes pre-employment and employment testing for drug or alcohol usage, as set forth more fully in the Company's Substance Abuse Policy. I understand, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a pre-employment verification of the background information submitted on their application or resume.

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APPLICANT'S SIGNATURE

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DATE