



EMPLOYEE APPLICATION

CJF-HRS-002

Revision: 0, 11/05/2018

PERSONAL INFORMATION					
NAME (LAST NAME FIRST):			PHONE NO.:		
PRESENT ADDRESS:	CITY:	STATE:	ZIP CODE:		
PERMANENT ADDRESS:	CITY:	STATE:	ZIP CODE:		
REFERRED BY:					
EMPLOYMENT DESIRED					
POSITION:	DATE YOU CAN START:	SALARY DESIRED:			
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE SEND AN INQUIRY TO YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?			
EDUCATION HISTORY					
NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED	
HIGH SCHOOL					
COLLEGE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
GENERAL INFORMATION					
Subjects of special study, research work or special training skills					
U.S. Military or Naval Service:			Rank:		

FORMER EMPLOYERS (List your last four employers, starting with the last one first)

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From:				
To:				
From:				
To:				



DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
From:				
To:				
From:				
To:				

REFERENCES

List the names of three persons, not related to you, whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge, and I understand that if employed, any false statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date:

Signature:

Interviewed by:

Date: