

JWilliamsStaffing, Inc. Employment Application

Applicant Information

Full Name:			Today's Date:			
<i>Last</i>		<i>First</i>		<i>M.I.</i>		
Address:						
<i>Street Address</i>			<i>Unit #</i>			
<i>City</i>			<i>State</i>		<i>ZIP Code</i>	
Phone: <i>(please include area code)</i>			Email:			
<i>Home</i>		<i>Cell</i>		<i>Alternate</i>		
Date Available:		RE License #:		Expiration Date:		
How many days per week are you available? Mon <input type="checkbox"/> Tues <input type="checkbox"/> Weds <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>						
Position Applied For:						
Who referred you to this company?						
If hired, can you present evidence of your United States Citizenship or proof of your legal right to live and work in this country?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied to or worked for this company?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, when?			
Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, explain:			
Do you speak, write or understand other languages?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, please list:			
If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> YES <input type="checkbox"/> NO		Are you willing to relocate? If yes, list area(s):			
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation*?	<input type="checkbox"/> YES <input type="checkbox"/> NO		If no, please explain:			
* We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, skill and agility tests.						
Education						
High School:			Address:			
Dates Attended: From _____ To _____		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Special recognition/interests:		
College:			Address:			
Dates Attended: From _____ To _____		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degree:		
Other:			Address:			
Dates Attended: From _____ To _____		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degree:		
Other:			Address:			
Dates Attended: From _____ To _____		Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degree:		
Military Service						
Branch:			Dates Active: From _____ To _____			

Previous Employment

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
	\$	\$	
Responsibilities:			
Dates Employed:		Reason for Leaving:	
From	To		
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Company:		Phone:	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
	\$	\$	
Responsibilities:			
Dates Employed:		Reason for Leaving:	
From	To		
May we contact your previous supervisor for a reference?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

References

Please list three professional references.

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

Authorization and Signature

I declare under penalty of perjury that the facts contained in this application or any resume or other documentation submitted are true and complete to the best of my knowledge. I understand that, if employed, falsified statements or significant omissions on this application, submitted materials or interview will be grounds for dismissal if discovered at a later date. **INITIALS** _____

I authorize the investigation of all statements contained in this application and accompanying resume, and authorize any person, school, current and past employers and organizations to provide the company with any and all records, information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all informants of liability for any damage that may result from furnishing information and opinion which is truthful or made in good faith. **INITIALS** _____

I give permission for a pre-employment drug/alcohol screening and exam and, if the company makes a conditional job offer, for a complete employment physical. I consent to the appropriate release of any and all medical information deemed necessary. **INITIALS** _____

I also understand and agree that my employment will be at-will, and may be terminated with or without cause, and with or without notice, at any time at the option of myself or the company. 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 the President of the company. I understand and acknowledge that this constitutes the entire agreement between me and the company regarding the terms of my employment and supersedes any other oral or written agreement. **INITIALS** _____

My signature below signifies my agreement not to accept employment with any client to which JWilliamsStaffing, Inc. has referred me without the expressed, written knowledge of JWilliamsStaffing, Inc. for a period of 1 (one) year from most recent date of said referral. If I have any serious grievance, I agree to settle the matter in an independent arbitration forum. **INITIALS** _____

Signature:	Date:
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