



Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		D.O.B.	
City	State	ZIP	
Home Phone:	Mobile Phone:	E-mail Address	
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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

DRIVING EXPERIENCE	
Type of Equipment	
Date of Last Accident (if any)	Nature of Accident
Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Has any license, permit or privilege ever been suspended or revoked? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Explain (if answer is yes to any of the above two questions)	

RELEASE OF INFORMATION	
<p>I, the undersigned, certify the information provided herein is true and complete to the best of my knowledge. I understand if there are omissions or any statement(s) made in this application that prove to be false, misleading, or misrepresentations of facts, it may result in the rejection of my application or termination of employment. This application is the property of JJD CONTRACTING and will not be returned. I authorize a full background investigation at anytime regarding my education, employment, criminal history, and motor vehicle driving records. I authorize references, employers, schools, law enforcement authorities, and any other persons or record keepers to give information they have about my character, ability to perform the requirements of the position, and employment records to JJD Contracting. I unconditionally release any named or unnamed informant from any and all liability resulting from furnishing information. Should I be selected for employment, I understand this application is not a contract of employment and any offer of employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice. Any offer of employment is contingent upon satisfactorily passing any required physical examinations.</p>	
Signature	Date