

APPLICATION FOR EMPLOYMENT

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ ALT PHONE: _____

US CITIZEN? _____ CURRENT DRIVER'S LIC #: _____

EMERGENCY CONTACT & PHONE: _____

POSITION APPLYING FOR: _____

DO YOU HAVE YOUR OWN TOOLS? _____

DO YOU HAVE YOUR OWN RELIABLE TRANSPORTATION? _____

EXPERIENCE: _____

LIST IN ORDER WITH MOST RECENT JOB FIRST:

	<u>EMPLOYER</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>START & END DATE</u>	<u>REASON LEFT</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

LIST ANY EMPLOYER YOU DO NOT WISH US TO CONTACT AND STATE WHY: _____

LIST 3 REFERENCES NOT RELATED TO YOU:

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

HAVE YOU EVER FILED A CLAIM WITH STATE INDUSTRIAL INSURANCE? _____

IF YES, WHY? _____

BY SIGNING THIS APPLICATION, YOU ARE GIVING US PERMISSION TO CONTACT EMPLOYERS ABOUT YOUR WORK HISTORY AND REFERENCES.

SIGNATURE: _____ DATE: _____

THANK YOU FOR YOUR INTEREST IN JIMMY'S CONTRACTOR SERVICES, INC.
(We are a Drug-Free Employer)