

Applicant Profile

Date of Application _____

If you need assistance or special accommodations to provide Jobbers with the following information, please let us know and we'll be happy to help you.

Contact Information

Last Name _____ Address _____
First Name & MI _____ Apt # _____
Nick Name _____ City, State & Zip _____
Home Phone _____ Social Security # _____
Emergency Phone _____ Alternate Phone _____
(Contact Person) _____ (Contact Person) _____

Work Preferences

What type of work or position are you interested in?

What type of employment are you seeking?

What are your minimum salary expectations?

Are you willing to travel within a 500-mile radius?

What date are you available to start?

How did you hear of Jobbers?

What other legal names have you worked under and when?

Do you have the legal right to work in the United States?
_____ Yes _____ No
Are you at least 18 years old?
_____ Yes _____ No
If no, Birth Date _____

Personal Information

Type of work you will accept . . .
_____ No Lifting _____ Medium (21-50 lbs)
_____ Light (1-20 lbs) _____ Heavy (51 + lbs)
Have you ever been convicted of a felony, misdemeanor or any other offense other than a minor traffic violation?
_____ Yes _____ No
Please explain (conviction will not necessarily bar employment)

Have you ever committed an offense involving dishonesty, breach of trust or fraud?
_____ Yes _____ No
Please explain _____

Have you ever been issued a security clearance?
_____ Yes _____ No
Have you ever completed an OSHA training class?
_____ Yes _____ No
Where/When _____

Education

Type	Institution Attended	City/State	# Years	Area of Study/Degree
High School	_____	_____	_____	_____
Vocational/Technical	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Post Graduate	_____	_____	_____	_____

Employment History

Name/Company _____ Start Date _____ End Date _____
Street Address _____ City/State/Zip _____
Supervisor & Title _____ Phone # _____
Job Duties _____
Reason for Leaving _____
OK to contact? _____ Starting Salary \$ _____ Ending Salary \$ _____

Name/Company _____ Start Date _____ End Date _____
Street Address _____ City/State/Zip _____
Supervisor & Title _____ Phone # _____
Job Duties _____
Reason for Leaving _____
OK to contact? _____ Starting Salary \$ _____ Ending Salary \$ _____

Name/Company _____ Start Date _____ End Date _____
Street Address _____ City/State/Zip _____
Supervisor & Title _____ Phone # _____
Job Duties _____
Reason for Leaving _____
OK to contact? _____ Starting Salary \$ _____ Ending Salary \$ _____

Physical Record

Have you any defects in Hearing? _____ In Vision _____ In Speech _____ Give Details _____
Were you ever injured? _____ Give Details _____
Please list any physical problems, which may prevent your performance of this job _____

Driving Information - Current Drivers License

(circle all that apply) **Class A** **Class B** **Class D** **Expiration Date**

Accident Record _____

How many accidents have you had in the last three years? _____

MY SIGNATURE BELOW CONFIRMS THAT:

The information I have provided is true and correct to the best of my knowledge.
I authorize you to confirm any of the information provided, obtain employment references and personal history and obtain a consumer report, which may include a criminal background; a DMV report and/or credit check information. I also authorize you to disclose any pertinent information concerning me to others, including companies with whom I may be assigned to. Further I release all parties from any liability that may result from furnishing such information to you, as well as, from the use or disclosure of such information to you.
Any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer of work or my dismissal from employemnt if I am hired.
I agree that the employment relationship can be terminated at will, either by me or by you with or without cause and with or without notice at any time.

Signature _____

Date _____