EMPLOYMENT APPLICATION

Please complete the entire application.

Employer Information

1.

Employer:	3 Of J'S			
Address:	426 Village Dr.			
City/State/ZIP:	•			
Telephone:	2709907305			
employees without	Of J's to provide equal employment opportunities to all applicants and regard to any legally protected status such as race, color, religion, gender, disability or veteran status.			
2. Applicant l	nformation			
Applicant Full Nan	ne:			
Home Address:				
City/State/ZIP:				
Number of years a	t this address:			
Daytime phone: Evening phone:				
Mobile phone: _	<u> </u>			
Social Security Nu	mber:			
Driver's License (S	tate/Number):			
3. Emergency	Contact			
Who should be cor	ntacted if you are involved in an emergency?			
Contact Name:				
Relationship to you:				
Address:				
City/State/ZIP:				
Daytime phone: Evening phone:				
4. Job Position	n Applied For			
Full or Par	on Applied For:			
i un oi i ai				
5. Salary Des	ired: \$ per			
,	1			

	Are you at least 18 years old?	Yes	N	О
	How will you get to work?			_
Are you willing to work any shift, including nights and weekends? Yes If no, please state any limitations:				
	If applicable, are you available to work overtime?	Yes	No	
	If you are offered employment, when would you be av	ailable to be	gin worl	ς?
	If hired, are you able to submit proof that you are legal employment in the United States? Yes	ly eligible fo —	r No	
	Are you able to perform the essential functions of the jor without reasonable accommodation? Yes		you seek N	
	What reasonable accommodation, if any, would you r	equest?		
	Have you ever been convicted of a felony or misdeme	anor?		
	Yes, I was convicted of		c	n
	(date) in(city)),		_(state)
	No			

15. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional ability.)

			Ability
Q1 111			or
Skill		Years of Experience	Rating
[]	Microsoft Office Suite (Word, Excel, etc.)		1 2 3 4 5
[]	Accounting/Bookkeeping		1 2 3 4 5
[]	Customer service		1 2 3 4 5
[]	People Skills		12345
[]	Organizational Skills		12345
[]	Time Management		1 2 3 4 5
[]	Awareness		12345
[]	Initiative		12345
[]	Problem Solving		12345
			1 2 3 4 5
			1 2 3 4 5

16. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment	(Month/Year):
Employer Name:	
Supervisor Name:	
Address:	
City/State/ZIP:	
Job Duties:	
Reason for Leaving:	
Dates of Employment	(Month/Year):

Employer Name:
Supervisor Name:
Address:
City/State/ZIP:
Job Duties:
Reason for Leaving:
Dates of Employment (Month/Year):
17. Applicant's Education and Training
College/University Name and Address
Did you receive a degree? Yes No If yes, degree(s) received
High School/GED Name and Address
Did you receive a degree? Yes No
Other Training (graduate, technical, vocational):
Please indicate any current professional licenses or certifications that you hold:
Awards, Honors, Special Achievements:
Military Service:
Yes No
Branch:
Specialized Training:
18. References
List any two non-relatives who would be willing to provide a reference for you.
Name:
Address:
City/State/ZIP:
Telephone:
Relationship:

Name	:				-	
Addre	ess:				_	
City/S	State/ZIP:				_	
Гelер	hone:					
Relati	onship:					
		provide any other information that you believe should be considered, including you are bound by any agreement with any current employer:				

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize 3 Of J's to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

I HAVE CAREFULLY READ THE ABOVE AND AGREE TO ITS TERMS.	CERTIFICATION AND I UNDERSTAND
APPLICANT SIGNATURE	DATE