



**JJ POWELL, INC. APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

Date: _____

(Print) Name: _____
last first middle

Address: _____

Telephone Number (____) _____ Alt Phone(____) _____ Social Security #: _____

How were you referred to JJ Powell? (newspaper, radio, friend, please be specific) _____

Have you ever worked for JJ Powell before, if so what location? _____

Do you have any family members that work for JJ Powell? Yes _____ No _____

If yes, please list name, relation, and location they work _____

Are you legally eligible for work in the U.S.? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Date available for work _____ Type of employment desired (circle): full time part time

Desired position: _____ Wage/Salary Desired _____

Hours Available for Work

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From							
To							

Have you been convicted of a felony in the last seven years? Yes _____ No _____

Have you ever been convicted of any type of theft or fraud or a violent crime? Yes _____ No _____

(Such convictions may be relevant if job related, but does not bar you from employment)

If yes, please explain _____

EDUCATION

School Level	Name and Location	Years Attended	Did You Graduate?	Subjects Studied
Grammar school				
High school				
College				
Trade/Business School				

Skills and Qualifications - Summarize any special skills or training.

REFERENCES: Provide three references who are not former employers or relatives who we may contact:

Name and Occupation	How do you know them, and for how long?	Phone Number

EMPLOYMENT HISTORY

List your last three employers starting with the most recent, including military experience. May we contact your current employer? Yes _____
 No _____

Position	Supervisor	Dates Worked
Job Title: _____ Location: _____ _____ Rate of Pay: _____	Name: _____ Title: _____ Phone: _____	From: _____ To: _____ Reason for Leaving: _____ _____
Job Title: _____ Location: _____ _____ Rate of Pay: _____	Name: _____ Title: _____ Phone: _____	From: _____ To: _____ Reason for Leaving: _____ _____
Job Title: _____ Location: _____ _____ Rate of Pay: _____	Name: _____ Title: _____ Phone: _____	From: _____ To: _____ Reason for Leaving: _____ _____

Explain any gaps in employment.

IMPORTANT: I understand that JJ Powell has a commitment to maintain an alcohol/drug-free work environment and I further understand and agree that if I am employed, I may be required to submit alcohol/drug testing under certain circumstances during my employment. I have read, understand, and agree to this statement.

(Please initial) _____

I give JJ Powell the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the company and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

(Please initial) _____

I understand this application is only current for 60 days from today's date. At the conclusion of this time, if I have not heard from the company and still wish to be considered for employment, it will be necessary to fill out a new application and file it with the company or I will not be considered for employment after this application expires.

I understand that just as I am free to resign at any time, the company reserves the right to terminate my employment at any time with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances or promises to the contrary. I understand that it is the company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

I certify that the information provided in this application is accurate and complete. Giving incomplete or false information will be cause for cancellation of this application and for separation from the company if I have been employed.

 Signature of Applicant

 Date