



Application for Employment

STORM WORK

DRIVER: YES / NO

Date: _____

Date Available: _____

PERSONAL DATA

Full Name: _____	Phone: (____) _____
_____ Last First M.I.	
Address: _____	_____ Apartment/Unit #
_____ Street Address	
_____ City	_____ State ZIP Code
Driver's License: _____	Social Security #: _____
Check all that apply: <input type="checkbox"/> CDL <input type="checkbox"/> HAZMAT <input type="checkbox"/> STORM	How do you file your taxes? (ex. Single, Married, 1099, Dependents?)
Check Days Available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> All Hours	
Email Address: _____	Date of Birth: _____

Have you ever been a previous employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you used illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform any or all job functions with or without reasonable accomodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Within the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you over the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a previous applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe conditions:	
Are you legally able to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to lift at least 75lbs	<input type="checkbox"/> Yes <input type="checkbox"/> No

(Conviction will not necessarily disqualify an applicant from employment)

WORK HISTORY

Business Name	Business Type		
Address	Phone		
From	To	Rate of Pay _____ Circle: Hourly, Weekly, or Annually	Reason for Leaving
Job Title	Responsibilities		
Supervisor & Title	May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name	Business Type		
Address	Phone		
From	To	Rate of Pay _____ Circle: Hourly, Weekly, or Annually	Reason for Leaving
Job Title	Responsibilities		
Supervisor & Title	May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name	Business Type		
Address	Phone		
From	To	Rate of Pay _____ Circle: Hourly, Weekly, or Annually	Reason for Leaving
Job Title	Responsibilities		
Supervisor & Title	May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes <input type="checkbox"/> No

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employers from all liability on account of furnishing such information. I understand that if employed, omissions or false or misleading information in my application or interview, regardless of the time they are discovered, shall be considered sufficient cause for dismissal. I also agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading information. J+J STRONG is hereby authorized to investigate my employment history, including contacting employers listed and to verify my education and training.

Signature: _____

Date: _____

NOTICE DRUG - FREE WORKPLACE

IF YOU USE DRUGS, DO NOT APPLY.
WE TEST ALL APPLICANTS FOR DRUGS PRIOR TO HIRE.
ALL OF OUR EMPLOYEES ARE SUBJECT TO PERIODIC DRUG AND ALCOHOL TESTING.