

Jennings Management

APPLICATION FOR EMPLOYMENT

Date: _____ Position Applying For: _____

Program, services, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview.

PERSONAL INFORMATION

Name: Last First Middle

Address City State Zip

Primary Phone Cell Phone eMail

GENERAL INFORMATION

Have you ever worked for this company? Yes No If yes, when? _____

Employment Desired: Full Time Part Time Date Available to Start: _____

Are you a citizen of the United States? Yes No

If not, are you legally authorized to work in the United States? Yes No

Have you ever pled 'guilty', 'no contest', or been convicted of a crime? Yes No

If yes, provide dates and details: _____

Answering 'yes' to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's License information (if applicable to position): _____
State of Issue Driver's License Number

How did you hear about us / who referred you? _____

Are you over 18 years of age? Yes No

EDUCATION

High School: _____
Name of School Location

Years Completed: _____ Did you graduate? Yes No GPA/Class Rank: _____

Date of GED, if applicable: _____

College/University: _____
Name of School Location

Years Completed: _____ Did you graduate? Yes No Degree: _____

Other: _____
Name of School Location

Years Completed: _____ Did you graduate? Yes No Degree: _____

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SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION

_____ License/Certification	_____ License/Certification #	_____ State of Issue	_____ Expiration Date
_____ License/Certification	_____ License/Certification #	_____ State of Issue	_____ Expiration Date
_____ License/Certification	_____ License/Certification #	_____ State of Issue	_____ Expiration Date

Summary of Special Skills or Qualifications: _____

EMPLOYMENT HISTORY

List most recent position first

Organization Name _____ Dates: From _____ To _____
Position Held _____ Supervisor/Title _____ Contact Phone _____
Job Responsibilities _____
Starting Title and Salary: _____ Ending Title and Salary: _____
Reason for Leaving: _____ May we contact? ___ Yes ___ No

Organization Name _____ Dates: From _____ To _____
Position Held _____ Supervisor/Title _____ Contact Phone _____
Job Responsibilities _____
Starting Title and Salary: _____ Ending Title and Salary: _____
Reason for Leaving: _____ May we contact? ___ Yes ___ No

Organization Name _____ Dates: From _____ To _____
Position Held _____ Supervisor/Title _____ Contact Phone _____
Job Responsibilities _____
Starting Title and Salary: _____ Ending Title and Salary: _____
Reason for Leaving: _____ May we contact? ___ Yes ___ No

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability when responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant Signature _____

Date _____