

PERSONAL INFORMATION

Date: _____

Name (Last, First, MI)		Social Security #	
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Phone #	Email Address	Referred By	

EMPLOYMENT DESIRED

Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date You Can Start	Salary Desired
Are You Employed Now?	If so, may we inquire of your present employer?	Are you legally Authorized to Work in the US?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before?	Where	When	
<input type="checkbox"/> Yes <input type="checkbox"/> No			

EDUCATION HISTORY

	Name and Location of School	Years Attended	Did You Graduate	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				

GENERAL INFORMATION

Subject of Special Study/Research Work	
Special Training	
Special Skills	
US Military or Naval Service	Rank

FORMER EMPLOYERS (List below last four employers, starting with the most recent)

Dates of Employment	Name and Address of Employer	Salary	Position	Reasons for Leaving
From To				
From To				
From To				
From To				

REFERENCES (Give below the names of three persons not related to you, who you have known at least one year)

Name	Phone Number	Company Name	Years Known

BACKGROUND AUTHORIZATION

By signing this document, I authorize Jenevein's to obtain information regarding my character, general reputation, personal characteristics from any outside source that regularly provides such information.

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release of use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Applicant's Signature _____

Date _____

Jenevein's is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

Please return complete application packet to: info@jeneveins.com