



JBL Drain Specialist Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-5.			DATE	
Name				
<small>Last</small>	<small>First</small>	<small>Middle</small>	<small>Maiden</small>	
Present address:				How Long?
Telephone			Social Security No.	
Days/hours available to work	No Pref	M – F From	to	Sat - Yes or No Sun - Yes or No
How many hours can you work weekly?			Can you work nights?	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME Available ?:				
What is your means of transportation to work?				
Driver's license #	State	Exp.	<input type="checkbox"/> Operator	<input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Have you had any accidents during the past three years?			How many?	
Have you had any moving violations during the past three years?			How Many?	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> No <input type="checkbox"/> Yes				
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.				
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Specialty	Date Entered		Discharge Date	
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
Please list two references other than relatives or previous employers.				
Name		Name		
Company		Company		
Telephone		Telephone		
Work Experience	Please list your work experience beginning with most recent job held. If you were self-employed, give firm name.			
Employer			Phone #:	
			Pay Rate	
Supervisor:			From: _____ To: _____	



JBL Drain Specialist

Reason for leaving (be specific)	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	
Employer	Phone #:
	Pay Rate
Supervisor:	From: _____ To: _____
Reason for leaving (be specific)	
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.	

May we contact your present employer? Yes No

PLEASE READ CAREFULLY - APPLICATION FORM WAIVER

In exchange for the consideration of my job application I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.