



APPLICATION FOR EMPLOYMENT

JACO A is an Equal Opportunity Employer - All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION

Please complete all fields. Incomplete information could disqualify you from further consideration.

Name _____ Date of Birth _____
Last Name First Name Middle Name

Address _____
Street City State Zip

Phone Number _____ E-mail Address _____

Do you have a valid unrestricted TN Driver's License ___ Yes ___ No Driver's License No. _____

Are you eligible to work in the U.S.? ___ Yes ___ No Social Security Number _____

Have you ever been convicted of a felony? ___ Yes ___ No

If yes, please explain: _____

Conviction of a felony does not necessarily preclude your employment.

EMPLOYMENT DESIRED

Position desired _____ Date available to start _____

Full-Time ___ Part-Time ___ Are you willing to accept another position? ___ Yes ___ No

Which of the following shifts are you willing to work? ___ Days ___ Nights ___ Weekends

Please list any specific limits of your availability: _____

Do you limit your annual earnings due to Social Security or other reasons?

If so, what is the maximum amount you wish to earn? _____

How did you hear about the position? ___ Social Media ___ Website ___ Referral ___ Other

If referral, please complete the referral page included in the application.

Have you ever previously worked for JACO A? ___ Yes ___ No

If yes, please explain: _____

Are you able to perform the essential functions of the job for which you are applying, without endangering yourself, other employees or clients? ___ Yes ___ No

EDUCATION / TRAINING

EDUCATION	Name and Address of School	Did You Graduate?	Degree Received
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Classes / Trainings			
Professional Licenses and/or Certifications			

EMPLOYMENT HISTORY

List current (or most recent) employer first and all others in reverse chronological order including periods of unemployment. Incomplete information could disqualify you from further consideration.

<u>Company Name</u>		<u>Dates Employed</u> (From – To)	
<u>Address (Street, City, State, Zip Code)</u>		<u>Phone</u>	
<u>Supervisor's Name and Title</u>	<u>Position Title</u>	<u>Starting Pay</u>	<u>Ending Pay</u>
<u>Job Description & Responsibilities</u>			
<u>Reason for Leaving</u>			
<u>May we contact? If no, please explain.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (Continued)

<u>Company Name</u>		<u>Dates Employed</u> (From – To)	
<u>Address</u> (Street, City, State, Zip Code)		<u>Phone</u>	
<u>Supervisor's Name and Title</u>	<u>Position Title</u>	<u>Starting Pay</u>	<u>Ending Pay</u>
<u>Job Description & Responsibilities</u>			
<u>Reason for Leaving</u>			
<u>May we contact? If no, please explain.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<u>Company Name</u>		<u>Dates Employed</u> (From – To)	
<u>Address</u> (Street, City, State, Zip Code)		<u>Phone</u>	
<u>Supervisor's Name and Title</u>	<u>Position Title</u>	<u>Starting Pay</u>	<u>Ending Pay</u>
<u>Job Description & Responsibilities</u>			
<u>Reason for Leaving</u>			
<u>May we contact? If no, please explain.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERENCES

Please provide the names and contact information of three (3) persons not related to you.

<u>Name</u>	<u>Address, Phone, Email</u>
<u>How do you know this individual?</u>	<u>Years Acquainted</u>
<u>Name</u>	<u>Address, Phone, Email</u>
<u>How do you know this individual?</u>	<u>Years Acquainted</u>
<u>Name</u>	<u>Address, Phone, Email</u>
<u>How do you know this individual?</u>	<u>Years Acquainted</u>

PLEASE READ CAREFULLY BEFORE SIGNING

JACO A is an equal opportunity employer. JACO A does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for JACO A to hire me. If I am hired, I understand that either JACO A or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of JACO A has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to JACO A true and complete information on this application. No requested information has been concealed. I authorize JACO A to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.

SIGN-ON BONUS

Sign-On and Referral Bonuses applicable only to “new” employees.

A sign-on bonus of three-hundred and fifty (\$350) is payable to you in one (1) installment. The bonus will be paid to you on the pay period following 120 days of your employment, contingent upon meeting satisfactory performance standards.

REFERRAL BONUS

Please fill out the following if you were referred by a current JACO A employee to apply for this position. Please only list one name:

I was referred by _____ to apply for a position with JACO A.
(Print Name)

I understand that by listing their name, they are potentially eligible to receive a referral bonus should I be offered a position and complete 120 days of employment and maintain satisfactory performance with JACO A.

Date _____ Signature _____